

No # 1243, 187 Mary M. Bowden (widow)

For Officer's or Comrade's Testimony.

Officer's, Surgeon's or
Comrade's Post Office
address.

Here state condition
of soldier's health at
time of enlistment.

State time and place
of disability, and if by
wound in battle, state
name of battle; if by
accident, state the cir-
cumstances; and if by
sickness, state the cause
and nature of the dis-
ease.

State your source of
information.

I, Samuel Mitchell a resident of Millsboro
in the County of Sussex State of Delaware late
Private of Company K of the 6th Regiment of Del. Vol.
on oath, depose and say, that I was well acquainted with James P. Borden
late a Private in Company K of the 6th Regiment of Del. Vol.
of the war of 1861; that at the time of his enlistment, said James P. Borden
was a sound healthy man

and while in the military service of the United States, in the line of his duty, and without fault or im-
proper conduct of his own, on or about the 10th day of August 1862

at Fort Belcamp in the State of Delaware
the said James P. Borden was attacked
with Chronic Diarrhea and about the same
time while in line on duty he was sun
struck and came from the Banks and
after that time was not able to do any
duty while in the service after that time
I have resided near the claimant ever since
our Discharge and I know he has not been
able to perform manual labour more than
half of his time yearly

I know these facts from living with him after, and from personal knowledge
and I have no interest whatever in the prosecution of this claim for pension.

his
Samuel X Mitchell
witness
Two Witnesses
when signed
by mark:
Jos B. Betts
John W. Hickman

NOTE.

Execute this before a
Clerk of the Court if pos-
sible. When executed
before a Notary Public
or Justice of the Peace,
a certificate from the
Clerk of the Court should
be attached, certifying
that the Notary or Jus-
tice had authority to act
as such.

Sworn to and subscribed before me this 26th day of July 1886
at Millsboro in the County of Sussex
State of Delaware I certify that I am disinterested, that the affiant is to me well
known, and is respectable, and worthy of full credit as a witness, and that the contents of the affidavit were
made known to him before execution.

Amick B. Morris N.P.

all Present 9/4
Pm good 9/3

STATE OF

COUNTY OF

I HEREBY CERTIFY that

ing affidavit was made, was at the execution thereof, a

in and for the County of

and State of

thereto is genuine.



(Official Signature.)

Cornwall

Affidavit.

In Claim of

James P. Bowden
R. 6th Del. Imp.

For Origh.

No. 57 P. 358.

Warren
Aug 1 86
FILED BY

J. W. FLENNER & Co.,

Attorneys.

WASHINGTON, D. C.

578,358

War Department,

ADJUTANT GENERAL'S OFFICE,

Washington,

Dec. 20, 1886.

Respectfully returned to the Commissioner of Pensions.

J.A.
9/11/86
Peter Hitchens & David Mitchell Privates of Company K,
6th Regiment Delaware Volunteers, was enrolled on the
day of _____, 186, at _____,
and is reported: are reported on muster out roll
of Comp'y dated August 23, '63, as Present &
mustered out on that day at Wilmington,
Del.

G.C.
9/11/86
No additional information as to
presence or absence at the time in-
creased

9/11

Assistant Adjutant General.

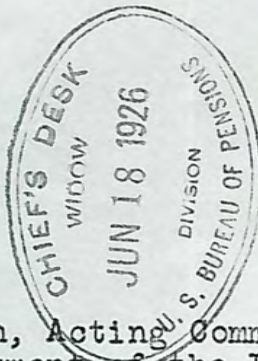
AMERICAN RED CROSS



DELAWARE CHAPTER

911 DELAWARE AVENUE
WILMINGTON, DEL.

June 15, 1926.



E. W. Morgan, Acting Commissioner,
U. S. Department of the Interior,
Bureau of Pensions,
Washington, D. C.

Re; Widow Division,
I. C. 464202,
James P. Bowden,
K 6 Del. Inf.

OK

Ad 7

My dear Mr. Morgan:--

We took up with you for Mrs. Mary M. Bowden, wife of James P. Bowden, above named, the matter of a widow's pension, which I believe has now been granted to her by the Pension Bureau.

Mrs. Bowden is under the impression that she is entitled to retroactive pension. I have told her that this is not so, but she is not satisfied.

Will you please send me a copy of the government regulations regarding this, so that I can satisfy her?

Sincerely yours,

Marjorie Earp

Marjorie Earp,
Executive Secretary.

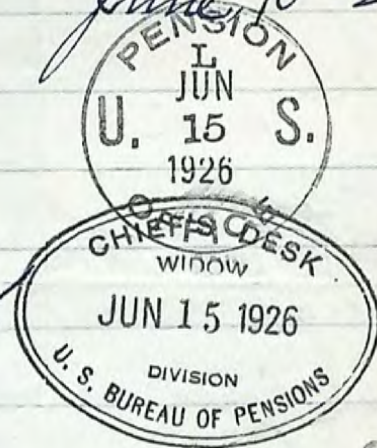
ME:MER

~~100~~

Sanford Dida
June 15-26

Mrs Mary W. Borden
Woburn

James P. Borden
Co K 6 Regt Del Inf
No. W 01243187



Dear Sirs

My husband was so honest
to charge being for chronic
diarrhoea and resulting piles and
result of sunstroke, and disease of
heart. He also served also for nine
months as a company as well as a
regiment organized for special duty.
Nov. 20, 1862 to August 23, 1863.

If I was not poor and did not have
any money was able to take the
papers to you and let you see it

20.4642037
ad. file

with your own eye not believe me
if you cannot take my word as I
always try to speak the truth as
I am writing it now just would
not be afraid to kiss the bible I
don't want any more than what
belongs to me but I do want
that it does belong to me, I would
not tell one lie for all money
they have in Washington

Yours

Mary M. Bowden

Frederick

D.D.

Route 1. Box 26

KD1

Seaford, DE,
June 16th 1926

Mr Winfield Scott
Commissioner
Dan. Sen. -

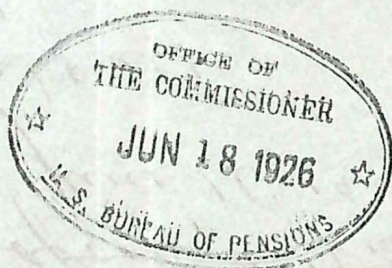
Yours of June 7th, 1926,
stating I was not
entitled to a pension
received, but not under-
stood, if James P. Bowden,
my husband was entitled
to a pension, why am
I as his widow
not entitled to receive
same? Would you kindly
reply as my needs
are pressing, yours truly

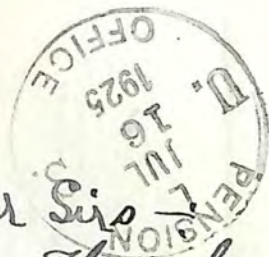
Widow Dan

WB 1243187

James P. Bowden
K. G. Del. Sup.

Mrs Mary M Bowden





Dear Sir

9C 464 202
N 6 Del Sup
Seaford DE
July 15 1926
mord

The chick came and the
Postmaster sent it back after
the death of James P. Bowden
I also sent in a application
and I received a card from you
that you got it all right
Now is it that I have not
heard anything since? I have
not got no in come any way
If any body every need any
thing I need a pension for
I feel as if I earn it

my nursing and all as been
in my own family

Ans: On Western Mail
From Mrs. Mary M. Bowden
Seaford
Delaware.
Route 1.
Box 126

III

and I am wore out and I
did not have a cent to pay
his bringin bill with
and you know how people
is when you owe them they
speak you to pay them and
that is all right and I want
to pay my bills and live
honest while I am in this
world I have one child 12 yds
of age and he is to school and
to look out for he is the
only one I have out of four
the other three is dead
I am not able to work
or can't work

II

nursed him day and night
for 2 yds and 5 months I
can profit by any of my
nabores

Mrs. E. E. Short
address

Common
Del

Mrs Minnie Boyce
Seaford
Del
Route 1.

Dr. Harrison M. Manning
Telephone 89. High street
Seaford Delaware

Seaford Del
April 22, 1926

of Mrs Mary M Bowden
Widow.

James P Bowden
Co K 6 Reg.t. Del. Inf.

No - W/C 1243184

Dear Sirs

I sent in a claim the first part
of April 1926 how is it that I have
not heard any thing from it.

I feel as if tho I should
have answer, and good I hope.

My why I say so I need it so
bad, I have had all that I could
to pull along. My husband will
be died a year fir. I have not had
any help any way or how. my health
is so bad I can not do hard
work. Becouse I nursed him
2 years 5 months and most of



the time I was up with him
and night. and if you believe me
it means some thing but I don't
regret what I did for him. I waited
on him with willing mind but
it about done me up.

Yours truly
Mary M Bowden
Seaford Del.
Route 1 Box 126.

P.S Please answer soon on return
mail if possible.

Return in 5 days
THE PENNSYLVANIA RAILROAD
Mrs Mary M Bowden
Rd 1 Seaford, DE



Mr Winfield Scott
Commissioner,
Dept of Interior,
Bureau of Land
Washington,
D.C.



T

9.0464202

Searford Dela
June 28/1926

Mary M. Boncher
Widow

James P. Boncher
No. WD. 2434187

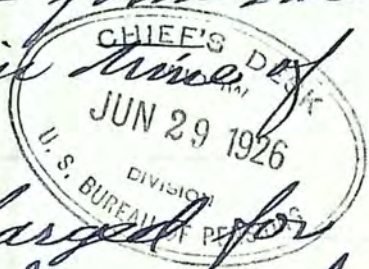
Co K, 6th Reg't Del Inf.
Sirs



If the soldiers was
at war more than ninety
days his widow was in-
titled to a pension. I
have papers to prove
that he received his pension
and if he did I should
for I know he was in
more than ninety days

II

I should call any one who
lost his speech from the
black mass in time of
duty wrong



He was discharged for
chronic diarrhoea and
resulting piles, headache and
vertigo result of sunstroke,
and disease of heart.

It took all that he
received to pay his way
through life. He was
down helpless two
years five months
I did all the nursing for

III



from no one did not come
to help me at night.
I feel as if I am entitled
to the pension you
know as well as I do
what are you hanging
back on for God sake
I have not got a penny
to live on and I am
not able to work for
it. The neighbors said
that I was worthy of
having the pension
that I suffered so much
for staining to him

11

I have a son Oliver Bowden
who is under the school
law and I have to school
him and nothing to
school him on. I thought
I had answered all the
questions you have asked
me I wrote you a letter
two weeks ago and have
not received any answer
what every I took care
of him and I feel as if
you should take care
of me and my boy
The war that great
war is what that
wound my husband
but he did his duty
for his fathers land

Ladler

5-10-26 Seaford Del

WQ 1243187

May 18, 1926

Mary M. Bowden

Widow

to
file

James P Bowden

Co. K. 6 Reg. t Del Inf.



Dear Sirs

I thought I would bring
to attention let you know I re-
ceived the payment \$35.00 and
thank you every so much
I hope me and love for you
to ford the other on if you
Please and how is Oliver Bowden

alright I hope and love to
hear from you soon I hope
it will be good news for I need
it to get clothes for Sunday school
and lots other things

From

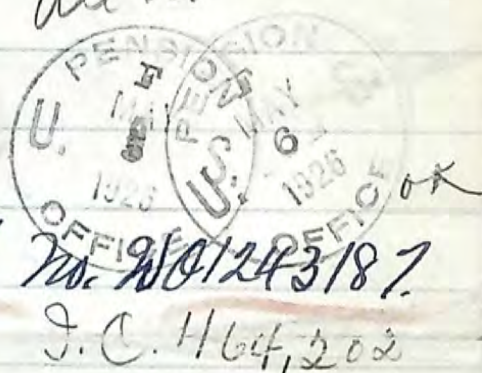
Mrs Mary M Bowden
Seaford
Del.
Route 1. Box 126

Satter
5.10.

guy ad
261164202

Seaford Delc
May. 5. 1926

all no.



Mary M. Bowden
Widow:-

James R. Bowden

Co K 6 Reg't. Del Inf No. 951243187
Gentleman

J.C. 1164,202

How is it that I have not
heard any thing I thought I should
have heard by May. 4. 1926 any how.
but I hav't. I wrote April the 26th I
sent the papers to which I filled out
and the birth of Oliver my son and
two witnesses that he is still living
also the ~~will~~ wife wrote her name
what is the manner now. I
want to hear on return mail. I
was looking for my payment this
time. I think you should notify
me be fore sending it.

I feel as if it is time for my payment
I am needing it so bad if there is any
thing liking I want to know it and
Please do not hold it back so long.
at Washington D.C.

Answer on return mail.

Yours truly

Mary M Bowden
Seaford Dela
Route 1 Box 426



Letter 570

Leiford Delo
May 25, 1926

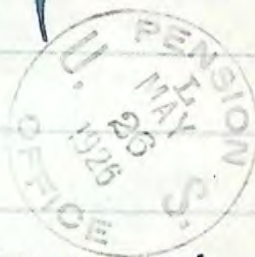
Mrs Mary M Bowden
Widow.



James P Bowden
Capt 6th Regt Del Inf
Mo - WO 1243187

Adm - WO 464202

Mrs Winfield Scott



My husband was in the
civil war 1861 Mrs Corp claims
that I am not entitled to no
back pay that is from the
time of my husband's death. I
don't see why that I should
not be, all rest of the widow's
claim's that they did and all so
you in your papers that I filled
up with Mr Phillips I have not
heard nothing from you since

only I got the payment May the
13 1926 for the pay of the month
of May I also sent in the birth
certificate of Oliver Bowden
my son and also proved that
he is still living and sent
it in April, 26 1926 I haven't
heard any thing from that so
I feel if everything must be
all right that is why that I have
not heard from it

P.S. Answer on
return mail.

Your truly
Mary M Bowden
Seaford Del
Route 1. Box 126
also.
Oliver Bowden

ROBT. G. HOUSTON
AT LARGE
DELAWARE

Congress of the United States

House of Representatives

Washington, D. C.

Q. 6464202
P. O. 1243187

November 17, 1926

Hon. Winfield Scott
Commissioner of Pensions
Washington, D. C.

My dear Mr. Scott:

Your letter of November 13, 1926 advising that pension claim W. O. 1243,187, Mary M. Bowden of Seaford, Delaware, widow of James P. Bowden, late of Co. K., 6th Delaware Infantry, was rejected on the ground that the soldier's service did not cover a period of ninety days during the Civil War, nor was he discharged on account of disability incurred in service in line of duty, received.

2 I do not understand this ruling because according to my information the husband, James P. Bowden received a pension under certificate No. 464,202 which was afterwards increased.

I was under the impression that if a veteran received a pension his widow, if married within required time, was also entitled to receive a pension. Mrs. Bowden was married to James P. Bowden October 1, 1891. She has one son under sixteen years of age.

Will you please further advise me in reference to this claim?

Very truly yours,

Robt. G. Houston
Robert G. Houston



ROBT. G. HOUSTON
AT LARGE
DELAWARE

Congress of the United States
House of Representatives
Washington, D. C.

22
✓

Georgetown, Delaware
October 21, 1926

Hon. Winfield Scott
Commissioner of Pensions
Washington, D. C.

My dear Mr. Scott:

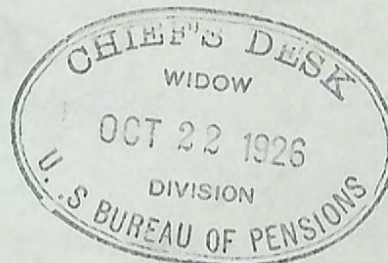
James P. Bowden, formerly, Private Co. K.,
Sixth Regiment, Delaware Volunteer Infantry, received a
pension under certificate #464202, Act of June 27, 1890.
He afterwards received an increase but I have not that
certificate before me. Mr. Bowden died April 24, 1925
leaving a widow Mary M. Bowden of Seaford, Delaware. She
filed an application with the Pension Department and holds
the Department's receipt for said application, dated May
6, 1925.

Will you kindly investigate this matter and
advise the present status of this claim for the delay in
granting the same?

Very truly yours,

Robt. G. Houston
Robert G. Houston

mhr



DECLARATION FOR WIDOW'S PENSION

Act of May 1, 1920

CLAIMANT SHOULD COMPLY FULLY WITH THE INSTRUCTIONS ON THE BACK OF THIS DECLARATION

State of Delaware, County of Sussex, ss:
On this fifteenth day of January, 1931, before me, the undersigned, personally appeared Mary M. Boudier, who makes the following declaration as an application for pension under the provisions of the act of Congress approved May 1, 1920.
That she is 37 years of age, that she was born September the 14th, 1874, at Brimley Delaware.
That she is the widow of James P. Boudier, who ENLISTED January 20th, 1862, at Seaford Delaware, in Company K 6th Regiment Delaware Vol, and was honorably DISCHARGED August 23rd, 1863, having served ninety days or more, or was discharged for, or died in service of the United States of a disability incurred in the service in the line of duty, during the CIVIL WAR, and who DIED April the 24th, 1925, at Seaford Delaware.
That he also served in _____ (Here give a complete statement of all other military or naval service, if any, at whatever time rendered)

and that, except as herein stated, said soldier (or sailor) was _____ employed in the military or naval service of the United States;
THAT SHE WAS MARRIED to said soldier (or sailor) September 29th, 1881, under the name of Mary M. Mitchell, at Seaford Delaware by J. W. Keister; that she had _____ been previously married, that he had _____ been previously married;
Said James P. Boudier was married 2 times before
First time to Emily S. Boudier in 1866 - Second time in 1875 to Ella E. McLean

That neither she nor said soldier was ever married otherwise than as stated above.
That she was NOT divorced from the soldier (or sailor) and that she has NOT remarried since his death;
That the following are the ONLY children OF THE SOLDIER (or sailor) who are now living and are under sixteen years of age: (If he left no children under sixteen years of age, the claimant should so state)
Lucy Boudier, born August 11th, 1912, at Seaford Delaware
_____, born _____, 1_____, at _____
_____, born _____, 1_____, at _____
_____, born _____, 1_____, at _____
_____, born _____, 1_____, at _____
_____, born _____, 1_____, at _____

That she did not serve in the Army, Navy, Marine Corps, or Coast Guard of the United States between April 6, 1917, and July 2, 1921, or at any time during said period.
That no member of her family served in the Army, Navy, Marine Corps, or Coast Guard of the United States between April 6, 1917, and July 2, 1921, or at any time during said period. (If any members of claimant's family were in the military or naval service during the period mentioned, state the full name under which each such member served, with the designation of the organization in (or vessel on) which such service was rendered, together with the dates of enlistment and discharge. State also whether any such members are dead, and if so, give the names)

That she has never heretofore applied for pension, the number of her former claim being _____; that said soldier (or sailor) was _____ a pensioner, the number of his pension certificate being 464202

(1) Major B. Lloyd (Signature of first witness)
Bridgville Delaware (Address of first witness)
(2) Francis Lewis (Signature of second witness)
Bridgville Del (Address of second witness)
Mary M. Boudier (Claimant's signature in full)
Seaford Delaware (Claimant's address in full)

Subscribed and sworn to before me this 19th day of January, 1931, and I hereby certify that the contents of the above declaration were fully made known and explained to the applicant before swearing, including the words _____ erased, and the words _____ added; and that I have no interest, direct or indirect, in the prosecution of this claim.

William E. Dineen (Signature)
Notary Public (Official character)
Bridgville Del. (Post office address of officer)

[L. S.]



Validity accepted as to execution
Chief, Record Division

Feb'y. 25, 1931
accepted as a claim
for widow pension act
June 9, 1930 -
J. J. Robinson, Chief Wid Dir

5-1-20
1243189

3-015

Act of May 1, 1920

DECLARATION FOR WIDOW'S PENSION

Number 464202

Claimant Mary M. Goodwin

Soldier James P. Goodwin

Service 1st 6 Dec. 1897

GOVERNMENT PRINTING OFFICE

FEB 16 1921

Feb 7 1921
FEB 7 1921

ACT OF MAY 1, 1920

Under the provisions of the Act of May 1, 1920, the widow of any person who served in the Army, Navy, or Marine Corps during the Civil War for ninety days or more, and was honorably discharged, or regardless of the length of service was discharged for or died in service of a disability incurred in the service in line of duty, may be entitled to pension, without regard to her financial condition, provided she was married to him prior to June 27, 1905. The rate of pension is \$30 per month, and \$6 additional for each of his children under the age of 16 years. Pension commences from the date of filing a valid declaration in the bureau.

The act of July 3, 1926, increases the rate to \$50 per month only in the event that the widow was the wife of the soldier, sailor, or marine during the period of his service in the Civil War.

"That no claim agent or attorney or other person shall be recognized in the adjustment of claims under this Act, except in claims for original pension, and in such cases no more than the sum of \$10 shall be allowed for services in preparing, presenting, or prosecuting any such claim, which sum shall be payable only on the order of the Commissioner of Pensions; and any person who shall violate any of the provisions of this section, or shall wrongfully withhold from the pensioner or claimant the whole or any part of a pension allowed or due to such pensioner or claimant under this Act, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall, for each and every offense, be fined not exceeding \$500 or be imprisoned not exceeding one year, or both, in the discretion of the court."

INSTRUCTIONS—READ CAREFULLY

Declaration and testimony must be executed before some officer authorized to administer oaths for general purposes. If such officer is not required by law to have and use a seal, his official character, signature, and term of office must be certified by the proper State, county, or city officer under his official seal, unless such certificate has been filed in the Bureau of Pensions for general reference.

Under the law, a person may not receive pension from the Bureau of Pensions and compensation or vocational training pay through the United States Veterans' Bureau, covering the same period of time, except that the receipt of compensation by a widow, child, or parent on account of the death of any person will not bar the payment of pension on account of the death of any other person.

That part of the declaration referring to service between April 6, 1917, and July 2, 1921, should show whether the claimant or any member of her family rendered any service in the Army, Navy, Marine Corps, or Coast Guard of the United States during said period, and if so, the full name under which each served should be stated, together with the designation of the organization in (or the vessel on) which such service was rendered with dates of enlistment and discharge.

The term "family" includes: Child, legally adopted child, stepchild, father, mother, stepfather, stepmother, father and mother through adoption, and person who has stood in place of parent for a period of not less than one year prior to induction into service.



Widow Division

W.O. 1243187

James P. Bowden

K.B. Del. Inf.

Sir -

Seaford Dela

Feb. 28. 1931

In reply to your letter
you asked me to state
the reason I said no to
the question as - That she has
heretofore applied for

Pension, Is Because I
actily though I was applying
for James P. Bowden's bounty.

Due him at his death for
that is what I received I
though I would get my Pension
right on form Date but did
not or no number as he did
"So I though that way and

said no, and again some
time ago I saw I was not
going to get anything if some
thing farther was not done.
So I had some papers filled
and they got lost, and this
is the first time I ever
had a number of my own,
as I know of so I want
you to plainly see I did
not say it for a lie

Yours Truly.

Mary M. Bowden
Route 1. Box 126
Seaford Delaware

ACT OF MAY 1, 1920.

WIDOW'S PENSION.

Claimant

Mary M. Bowden

P. O.

Route 1, Box 126

Seaford

County

State

Delaware

Soldier
Sailor

James P. Bowden

Service

Private

(Rank.)

K

(Co.)

6 Delaware Inf

(Regiment—Ship.)

Rate, \$..... per month, commencing

and \$..... per month additional for each child,
as follows:

All pension to terminate, 1....., date of

Payments on all former certificates covering any portion of same time to be deducted.

Oliver Bowden

Born August 11, 1912

Sixteen Commencing

Born Commencing

Sixteen Commencing

Born Commencing

Sixteen Commencing

Born Commencing

Sixteen Commencing

Born Commencing

Sixteen Commencing

Born Commencing

Sixteen Commencing

Born Commencing

Sixteen Commencing

Born Commencing

Sixteen Commencing

Mr. RECOGNIZED ATTORNEY.

REJECTED

May 24/26 J.S.

Name

Fee, \$.....

P. O.

APPROVALS.

Submitted for rejection April 29, 1926; Jno. J. Badler, Examiner.

Soldier not in service 90 days

Approved for rejection on the ground that soldier's service did not cover a period of ninety days during the civil war nor was he discharged on account of disability incurred in service in line of duty as shown by report from records of War Dept.

May 4, 1926, J.M. Riffel, Rereviewer.

The soldier was pensioned at \$ 50⁰⁰ per month under general law

Enlisted September 20, 1862

Discharged August 23, 1863

Reenlisted 1.....

Discharged 1.....

Invalid claim filed June 28, 1866

Died April 24, 1925

Widow's claim filed March 16, 1926

Claimant does write.

Cl't's app'n under other laws 1.....

Former marriage of soldier soldier, 1.....

Death of former wife 1.....

Former marriage of claimant 1.....

Death of former husband 1.....

Cl't's marriage to soldier Sept 29, 1891

Cl't not remarried 1.....

No, M. C.

MWC

3-2002

Widow Division

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS
WASHINGTON

Wid. O. No. 1243187

Mary M. Bowden
James P. Bowden
K 6 Del. Inf.

April 2, 1926.

Mrs. Mary M. Bowden
R. R. 1, Box 126
Seaford
Delaware.

Madam:

You are requested to answer each of the questions enumerated below. It is desirable to have on file in every claim for pension a full and complete statement of all military or naval services rendered, especially in the World War, not only by the applicant for pension himself but also by any member of the applicant's immediate family. Use the inclosed envelope which requires no stamp.

Winfield Scott
Winfield Scott
Commissioner.

1. Did you or any member of your family serve in the Army, Navy, or Marine Corps of the United States between April 6, 1917, and July 2, 1921? If so, state the name under, the designation of the organization in (or the names of the vessels on) which such service was rendered, with dates or approximate dates of enlistment and discharge.

Answer: *No one*

2. If a member of your family rendered such service, is such member living or dead? Answer: *None*

3. If you rendered such service, are you in receipt of, or have you ever applied for compensation or training pay thru the Veterans' Bureau? If so, give the number of the claim used by the Veterans' Bureau.

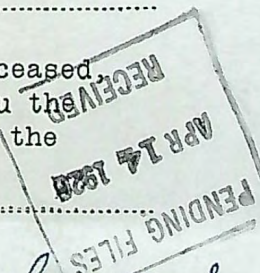
Answer: *None*

4. If a member of your family rendered such service and is deceased are you in receipt of or have you ever applied for compensation thru the Veterans' Bureau on account of such service and death? If so, give the number of the claim used by the Veterans' Bureau.

Answer: *None*

Mary M. Bowden
(Signature)

Seaford Delaware
(Address)



3-173.

PENSION
MAR
28
1899
U. S.

EAST. DIV.

MAR 29 1899
EXR.

RECEIVED

Eastern

Div.

Lett. No. 464202

James P. Bowden,
Co. K, 6th Reg't Del. Vol. Inf.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., January 19, 1899

Sir:

Will you kindly answer, at your earliest convenience, the questions enumerated below? The information is requested for future use, and it may be of great value to your family.

Very respectfully,

A. L. H. Exr.

Commissioner.

Mr. James P. Bowden,
Breamore,
Sussex Co., Del.

No. 1. Are you a married man? If so, please state your wife's full name, and her maiden name.

Answer: Yes; Mary M. Bowden; Mary M. Mitchell

No. 2. When, where, and by whom were you married? Answer:

Oct 1, 1891; Whitesville, Del.; Rev. Webster

No. 3. What record of marriage exists? Answer:

Witnesses - Larry White
Eldon Ellensworth & Isaac Bowden & others.

No. 4. Were you previously married? If so, please state the name of your former wife and the

date and place of her death or divorce. Answer: Yes, twice, first wife's name Lou

Jane Littleton, died 1871 near Whitesville, Del. Second wife's name Sarah E. Littleton, died Sept. 1, 1886, Lowes Crossroads, Del.

No. 5. Have you any children living? If so, please state their names and the dates of their

birth. Answer: Yes. Benjamin B. Bowden - Dec. 14, 1868

Isaac M. Bowden April 15, 1879

George E. Bowden April 23, 1882

Lemuel H. Bowden Jan. 8, 1886

Lucinda Bowden April 7, 1894

Charles J. Bowden Dec. 20, 1897

Date of reply, March 22, 1899.

James P. Bowden
(Signature.)
mark

Jan. 4/27. Hon. Robt. G. Houston,
Adv. why rejection of widow's
claim was proper, and the law
under which soldier was pen-
sioned. JHD - Wid. Div.

Sadder
REJECTED
Ex'r. **DEPENDENT.**
No. *1243187*

Act of **ACT OF MAY 1, 1920**

W.L.
Cltnt
Notified **MAR 20 1926** *WAB*, 19

6-1359
April 2, 1926- **Elt.** (Let and Cirs
Questionnaire- Death; marriage;
more than two prior marriages
soldier; deaths former wives
Lovey and Sarah E.; any div. and

Feb. 5 1927 Letter to widow
explaining why no bill
to widows pension, as
previously advised
MRK

Feb. 26/31, Clnt. for statement
re any prior mar. of herself &
re prior claim; also if or
evidence as to any remar.
For Wid. Div.

Mary M. Bowden
R. F. D. Rt. 1, Box 126,
Seaford, Del.

Widow
James P. Bowden
Service *K, 6 Del. Inf.*

Died *April 24, 1925, Cannon, Del.*
no other claim than
I. C. 464202

Mar 20, 1926 *WAB*
Clerk.

Application filed: *Mar. 16, 1926,*

Attorney: *none*

P. O.

J Cert. of Dis. Searched for _____, 19

cohab. **MWC** **Wid. Div.**

april 24 26 to clnt
letter of chief
to explain claim
Q-13

May 24/26
2 clearances
cause of rejection
Q-13

June 7/26 Clnt again advised
of the grounds of rejection of her
claim & that the accrued was allowed.
ELW.

Aug 6 - 1926 - Letter from the Bure
of July 1 - 1926 covers the
questions of letters of
June 15 - 1926

Nov. 13/26 Hon. Robt. G. Houston advis-
ed of cause of rejection of claim.
VLA Wid. Div.

PENDING FILES
MAR 22 1926
RECEIVED

AMERICAN RED CROSS



DELAWARE CHAPTER

911 DELAWARE AVENUE
WILMINGTON, DEL.

March 15, 1926.

Re: Widow Division,
I. C. 464202
James P. Bowden
K 6, Delaware Inf.

Mr. E. W. Morgan,
Acting Commissioner,
U.S. Department of the Interior,
Bureau of Pensions,
Washington, D. C.

My dear Mr. Morgan:

We are enclosing for Mrs. Bowden her application for widow's pension.

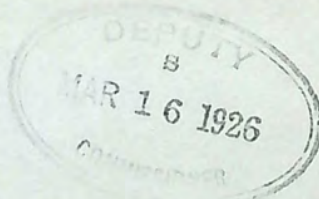
If there are any other papers necessary for Mrs. Bowden to get, will you please let us know?

Sincerely yours,

Marjorie Earp

Marjorie Earp, Secretary,
Red Cross Home Service.

ME:S



AMERICAN RED CROSS



DELAWARE CHAPTER

911 DELAWARE AVENUE
WILMINGTON, DEL.

February 8, 1926.

Re: James P. Bowden, deceased,
Co.K, 6th Delaware Regiment,
Civil War.

J. B. 464202

Bureau of Pensions,
Washington, D. C.



Dear Sirs:

We have been asked to assist Mrs. Mary M. Bowden, widow of the above-named Civil War veteran, to file claim for a pension. It seems that about six months ago some one else prepared the papers for her, and then lost them all, including Mr. Bowden's discharge certificate and other data.

Mr. Bowden died April 24, 1925, and at the time of his death was receiving a pension of \$50 a month from the Civil War.

Will you please send us the proper blanks to fill out again, and also give us information as to whether or not it will be necessary to apply for certificate in lieu of lost discharge? The present wife has no data about his service record except that given above. She is very much in need, and has a son thirteen years old. She earns a meager living, but has had a hard time to get along since her husband's death.

Sincerely yours,



Marjorie Earp

Marjorie Earp, Secretary,
Red Cross Home Service.

ME:S

all papers
8-28-26
Widow Division

W.O. 1,243,187 Seaford Delaware
K.b. Del. Inf.

Sept. 24, 1926

Form JC 464022

Mrs Mary M Bonden
Widow of Mr J.P. Bonden
and he has been dead one
year and five months
I have not got any help
at all and it is all I can
do to live I have got no
money and poor health
and seem if all cry to
work right aginse me
but that is all but is
work sup. above the
hard is the one, I
know that to will when
no one else won't and

and no one can not
trip him, Mr James P
Borden was getting a pension
I don't see why I can't get it
I sent in my application
may 6th 1925 and received
a paper bag to fill out
and it remained at Mr
Phillips to September the
14th 1 year 10 days Mrs Sudder
went and got the papers from
Squire Phillips I don't feel
that he did justice by me
By letting them have
my papers with out my

word and I don't know who
would to think and my
husband certificate with it
the papers that you sent
to fill out and got the witnesses
all right these persons as it
is in give Leslie T. Bowden
His wife Mary E. Bowden.
Leslie T Bowden is James O
Bowden's ~~brought~~ Brother.
I thought I was getting along
fine waiting for news from
you and come to find
out my papers was at
Bridgeville Delaware at

at Charles Lewis's and I did
not know no other with out
they were at the brew until
I had walked four miles
and see Mr Phillips and
he said he had let them go
so I was asking for them
some time is first of June
1926 and Mr Val Lewis had
lost them the arpetos at
Common's Delaware He
would not tell me but
I still got his certificate no
~~242~~ 2464, 202 I have got
the paper to tell & I can
prove the marriage to any

copy for the record is at
George Delaware Therest.
1891 1st day Joab W Wister
minister at ~~Delaware~~ Del^{MD}
married as I would had
it before now but I have
not got no way of going
any where, It was put
in Miss Mayorie Eargers
hand at 911 Delaware Avenue
Wilmington Delaware
Executive Secretary Red Cross
she did not have any no
copy.

Sincerely yours
Mary M Bowden



Widow Division
W.O. 1243187

James P Borden
K.6. Del. Inf.

Seaford Dela
Oct. 12, 1926

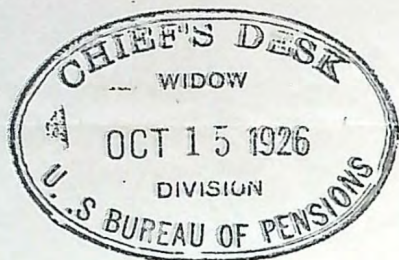
Sir

I sent in a application
May. 6, 1925 Mr Brown
notified me that my checks
had come and was at the
post office for James P. Borden
and he had ceased Mr
C Willey Post master at Seaford
Delaware but he said I had
no business sending an
application but I sent
Squire Phillips sent one in
right away I thought that
was far enough noticed
that Mary M Borden was
James P Borden's widow
and I also got his



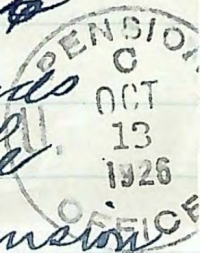
his payment that was
due him \$35.00 May 16/1926
why not that enought prove
and Squire Phillips cashed
it the check and it all right
and honest now why can't
you send ~~it~~ the money that
belongs to me in payment
just the same that you
did Mr James P Borden
I got the card that the
was allowed March 16
1926 why not you sent
it on the papers that I
received and I was entitled
to it. Here is the number
Widow Division
W.O. 1443187
James L. Borden
K.B. Feb 2nd

RECEIVED
JAN 17 1927
S. 2010



If he was discharged on the account of disability incurred in the service in the line of duty as shown by a report from the war department that my pension was allowed it was proved by Dr H M Manning Md Sanford Delaware. tented him 2 years 5 mos. he died April 24. 1926

B B Bowden Jr
P Bowden Son said he his father drawn a pension why was I not entitled to it He was not getting



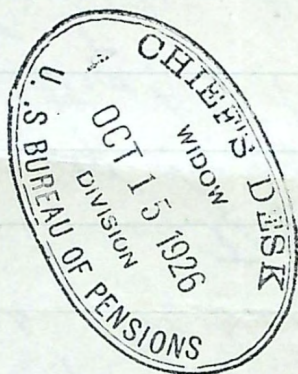
under the new law He began
drawing it 1886 under the
gentle law 1920 he allowed
his increase when he got
his first payment was
Sept. 16. 1920 I am sure.
Bless his widow and
poor woman at that.

I am not able to work
out my living when ever
you go henching a man
at his wieght.

I have one certifeate
no 464,202 I have papers
been kept ever since 1890.
We where married 1891
Oct. 1. day Just to think
how he has ~~sum~~ the
rest of his life for his
country

and so did I from the
rust of my life for
my country many a
time I have seen him
suffering in during the
25 years He had bad
spells of vertigo and
disease of heart Why
is it that I have not
heard from you
Since Manning sent
his application in
November return mail

Mary W. Bouck
Seaford Delaware
Route 1. Box 126





Seaford Dela
Aug. 21-1926

Sir:

Did you or not received
a statement from Dr. H.

H. Manning on Aug. 14/1926
about the record of James P
Bowden. You stated in the
letter that is what you
wanted. incurred of his
death. also the sworn of
James H. Phillips, Seaford
Delaware Justice of Peace

D. No. 464202 K 6 Lecl. Inf
Hid. O. 1243187
Jlex

I would like to hear from
you soon. I know that both
cannot receive a pension
He can not for his is dead
I am his widow.

Mary M. Bowden

Seaford Delaware
I want to hear on return
mail. As bad as I am
suffering for it I must not
have to go through it

Yours

M M Bowden

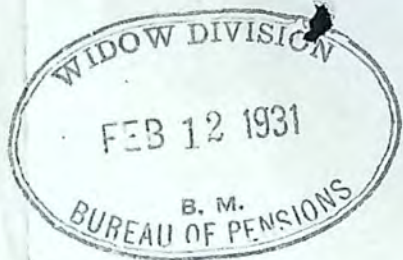
DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS*Widow* Division*Feb. 26*, 1931,*W. C.* No., *1243187*

Claimant,

Soldier,

*Bowden**To Chief Record Division**For recording and
jacketing claim under
Act June 9, 1930.**J. Williams**F. J. Robinson*
Chief Widow Division

F. Williams
N.O. 1243187
Mary M Bowden
Widow of
James P. Bowden
Co. K. 6th Regt. Del. Inf.



Seaford Dela.,
Feb. 10, 1931

Sirs -

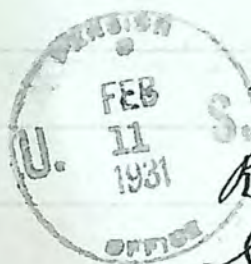
We received the Card
alright and the information
thereon I hope the Claim
will soon be over.

And Hoping for and
early reply.

I remain

Your Truly

Mary M. Bowden
Route 1. Box 126
Seaford Dela.



~~H. H. Miller~~

Callins

RETRUED PENSION

3-1638

INCREASE

Cert. No. 464 202

James P. Bowden

P. O., _____

County, _____

State, _____

Application filed May 6, 1925.

Service, K. 6 Del. Inf.

May 23-1925 - Claimant

death - merge - non p.m.
claimant - death of former
wives - but two p.mrgs.
col. what from merge and
non dis. name under which
Cr. P. O. add. married wid div. H. H. M.

August 8 - 1925.

Clmt. death - merge - non p.m. clmt
death of former wives - what from
merge & non dis. name under

Attorney, which married Sent Blank Deduct
P. O., Feb. 15, 1926 wid div. H. H. M.

Clt - Above call repeated; blank
County appl. May 1, 1920 Sent widow,
Clts. post office address.

MWC Wid. Div.

Southern S. E. D.No. *578358*Name: *James P. Bowden*P. O. address: *Laurel*County: *Sussex* State: *Del.*Recommendation: *Admit.**J. C. O'Connell*

Special Examiner.

REFERENCE.

, 188 .

Chief S. E. Division.

RECOMMENDATION.

, 188 .

Reviewer.

Approved:

Chief Board of Review.

ACTION.

, 188

Chief S. E. Division.

Examination:

o 6-208



DEPOSITION C

Case of James P Bowden No. 578358

On this 29 day of Oct- 1889, at
 Mission, County of Sussex
 State of Ill, before me, J. O. Cornell, a
 Special Examiner of the Pension Office, personally appeared Peter Hitchens
 who, being by me first duly sworn to answer
 truly all interrogatories propounded to him during this Special Examination of aforesaid
 pension claim, deposes and says: I was 68 years old the

14 of April last

a farmer
 D. O. Mission, Ill.

I have known James P. Bowden
 ever since he was a boy.

I knew him because he was
 in the neighborhood close to where
 I lived.

He staid in the same place
 in the any where I was.

He was in Co K C
 Ill. Vols

He was always down
 where I lived. I don't know
 he had looseness. had to go pretty
 often

Q Are you sure of that?
 A Well he were one I don't know
 if he done anything or not. I want
 to visit him to look

He complained of being some
 75 years old. It must have been
 Rheumatism

It was at Dinner Run near Balto.
 that was when he was complaining
 of the looseness.

I came home

from the any with him
I don't know if he had it
coming home. He had it then.
When a man goes out to do
his business I never follow
them.

He'd near him after he
came home a year or two
with two or three miles;
see him a few often.

I don't know if he had it
the trouble with his bowels
since the war.

He was croaking about the
time he is here as yet
I never hear him say what
he complains of.

He can't work. Well
I never hear him - able to work as
well since the war as he did
before.

I understand your
questions and my answers are
correctly recorded.

Attest Peter X Hetchins
J. C. O'Connell
N. P. Johnson

(over.)

Deponent.

Sworn to and subscribed before me this 29 day of Oct.,
1889, and I certify that the contents were fully made known to deponent before signing.

J. C. O'Connell
Special Examiner.

DEPOSITION

Case of James O. Bowden, No. 578358

On this _____ Day of _____, 188____, at _____

State of _____, before me, _____, a

Special Examiner of the Pension Office, personally appeared _____

_____, who, being by me first duly sworn to answer truly all interrogatories propounded to him during this Special Examination of aforesaid pension claim, deposes and says: I was at T.T. Bell.

Q. Did he ever have a stroke?
A. Well he fell. I don't know
if it was a stroke or not
It was in August 1863
at T.T. Bell's place

He was on guard, and,
when he fell.

I didn't have the diagnosis at
T.T. Bell. I don't know it.

I was in stroke and was
not much with him.

(I was a witness for him.)
[Examiner reads Applicant's former
affidavit.]

Q. You say true that he has had ^{bad} bowels
since the war?

A. Somebody put that in, not my say so.
I don't know what kind of
bowels he has since the war.

They put that down in that paper
themselves that he had the

diarrhoea at T.T. Bell.

I don't know if he had it there.
It's at Beck River or
Stroms Run I first

noticed it. whether it
struck to him or not
I don't know
attest Peter & Helchins
J. O'Connell
W. P. Johnson

Deponent.

Sworn to and subscribed before me this 29 day of Oct.,
1889, and I certify that the contents were fully made known to deponent before signing.

J. O'Connell
Special Examiner.

DEPOSITION

Case of James P. Bowden, No. 578358

On this 29 day of Oct, 1889, at
Mission, County of Pierce
 State of Ill, before me, J. O. Council, a
 Special Examiner of the Pension Office, personally appeared Samuel Mitchell
 who, being by me first duly sworn to answer
 truly all interrogatories propounded to him during this Special Examination of aforesaid
 pension claim, deposes and says: I am an 8th Year.

A farmer

P. O. Mission Del.
James P. Bowden was
 in my Co. H. 6 Del. Vols
 I knew him before the war
 And I have known him
 ever since the war
 I expect he lives about
 four or five miles from
 me.

I was at Ft. Delaware
 I don't remember of anything
 being the matter with him
 I don't remember that he was
 even sick or feeble
 then any. We were at
 where they call the Back
 River close to Baltimore
 Q. Did he ever have the
loosening of the bowels or
the Rheumatism?

A. I he said its more than
I know

If I ever made an
affidavit for Bowden I don't
remember. I don't remember

like I used to.

Q (Examiner reads deponent's former affidavit)

A I don't remember anything about that. I might have made it but I don't remember it.

I guess I must have done it or I wouldn't have been there.

Q Was he ever talking to you about his pension?

A One time, that he would like to get it.

I understand your questions and answers are correctly recorded.

Attest:

James K. Mitchell
J. P. Johnson

Deponent.

Sworn to and subscribed before me this 29 day of October, 1889; and I certify that the contents were fully made known to deponent before signing.

J. P. Cornell

Special Examiner.

DEPOSITION

A

Case of James P Bowden, No. 578358

On this 24 day of Oct, 1889, at
Daphoro, County of Sussex
 State of Del, before me, J C Cornell, a
 Special Examiner of the Pension Office, personally appeared Thomas H. Phillips,
 who, being by me first duly sworn to answer
 truly all interrogatories propounded to him during this Special Examination of aforesaid
 pension claim, depose and says: I am 56 years of age
A farmer

P. O. Daphoro. Del.
I was in Co. K. / 6. Del. and
in Co. C. 9. Del. Vol.
I remember James P. Bowden
He had a spell of sickness
in the summer of 1862 at Fort
at Fort M. That was the
time he was off duty awhile.

He called it a stroke
He said that from the am-
stroke he had a pain in
the back and head.

I don't remember about
Chancro or measles.

I don't think he had either
I have not been with him
so much since the war
I saw him last year. and he
said he never was well
since he came out of
the service.

Q Do you remember if he had the ples?
A I heard him complain of ples
in the service.
I heard him complain

of then last August a year
That's my handwriting.
I don't know any thing about his
business. He worked for my uncle
and I worked there the same
time.

I wouldn't give him half
ways.

It was in August
several years ago that he
worked for my uncle and was
complaining of his head and
back.

I understand of our questions
and answers are correctly
recorded.

Nathaniel B. Phillips

Deponent.

Sworn to and subscribed before me this 24 day of Oct.
1889, and I certify that the contents were fully made known to deponent before signing.

J. C. O'Connell

Special Examiner.

No. 548358.

James D. Bowden

Priv. Co. K 6 Ill. Vols.

P. O. Samuel Hussey Co. Ill.

Basis. Credibility and means of
information of witnesses.

Notice, waived.

Georgetown. Ill.

Oct. 30 1889.

Hon. Commissioner
of Pensions.

Sir:

I herewith
return the papers in the above
entitled claim which were
forwarded to me to determine
the credibility and means of
information of certain witnesses.

The whereabouts of original
witness, Shelly Shockley,
I couldn't ascertain.

I do not deem his

Care of —
Wm. H. Rodney

Pp 2

Pge 3

testimony of much importance
His Character I have
been informed is unreliable

In view of the testimony
I am of the opinion that the
claim is meritorious and
recommend that it be
allowed.

I am Sir,

Very respectfully,

J. C. D. Connelley
Sp Examiner

INDEX

TO SPECIAL EXAMINER'S REPORT.

Claim of James P. Bowden No. 578358

PAGES.	NAMES OF WITNESSES, ETC.	Exhibits.	Deposi- tions.	REPUTATION.
1 to	Index			
	Notice to claimant			
2 to 3	Summary			
to	Claimant's statement			
4.. 5	Nathaniel H. Phillips	11	A.	Good
6.. 7	Samuel Mitchell	9	B	Good
8.. 11	Peter Hitchens	8	C	Good

Open

[3-216 a.]

Bornath Ex'r.
Imm. Cert. No. 464,202

Act of June 27, 1890.

James T. Bowden.
P. O. Box 196. Laurel

Service: N. C. Del. Inf.

Enlisted: Nov 28", 1862

Discharged: Aug 23", 1863

Application filed: July 9", 1890

Alleges: Chrs. Diarr. Sunstroke.

Any other Claim filed: 464202

Numerical No. 33657.
1116

Attorney:

P. O.

G. W. Glenner
Washington
D.C.

Recognized.

Contract.

Cert. of Dis. Searched for

, 18

Refd 9- 29 1900 2762

Nov. 24-90 for admission -
Me.

N. H.

Vt.

Mass.

R. I.

Conn.

N. Y.

N. J.

Del.

No.

~~Clayton~~ [3-216.] 355

~~Wm~~ Ex'r. INVALID.

Scott No. 598358

Acts of July 14, 1862, and March 3, 1873.

James P. Borden,

P. O. ~~Millsborough~~
~~Summerville~~

~~Summerville~~ Sussex Co, Del

Service: Pvt "K" 6 Del Inf

Enlisted: Nov. 20, 1862

Discharged: Aug 23, 1863

Application filed: June 28, 1886

Alleges: Dysentery, & effects of
sunstroke, & Measles.

Re-enlisted:

JAN 14 1887 / 116.

Attorney: J. W. Flemer & Co.

P. O. City

ATTY FILED

Recognized. Contract.

Cert. of Dis. Searched for, 18

ME. July 22.86 - A.G. - Origin
R.S. Cont. Cir. 62. 2 pgs.

N. H. Dover
July 24.86 - A.G. to verify 2 shws
in at Gumborough for each of 2 wds.

and O. M. A. Musin for one,
Jan'y 7/87 attys J. W. Flanner & Co

att. should file his own affidavit
setting forth name & nature
of disabilities or disabilities where he
claims results of sun-stroke & measles.

VT. April 19/87 attys J. W. Flanner & Co
awaits call made Jan'y 7/87
att. failed to state nature
of disabilities -
MASS. for which he claims results
of sun-stroke & measles,

R. I.
Nov. 7/89. To Flanner Ex. by
Ba. Dover, Del.

CONN.

N. Y.

N. J.

DEL.

No.

Under Act June 27, 1890,
(3-217.)

INCREASE. *S.*

Claim to *Inc.*

No. *464202*

Jas. O. Bowden
P. O., *Laurel*

County, *Sussex*

State, *Del.*

Application filed, *Oct. 5*, 18*91*

State Service:

H. 6 Del. Inf

Sept. 9/92 Lower Del.

Disability, *Orig. & add.*

Attorney, *J. H. Flenner*

P. O., *City*

County, *T.*, State, *Del.*

March 3, 1892
 Messrs W. W. S. & Co.
 1111 1/2 St. N. W.
 D.C.
 1111 1/2 St. N. W.
 D.C.

July 1/26. Widow, re: 2nd
 claim proper. Ask

INVALID. (Series _____) Cert. No. **464202**
 Name, James P. Bonham
 Rank, 1st; Service, Co. 1, 6th Regt.
 Original Roll: Washington
 Agency: Transf. to, 18____, to____
 " to, 18____, to____
 Issued June 31, 18____
 Mailed _____, 18____
 Rate and Period, \$ 8, from June 2, 18____
 Deductions: **DEAD**
 Disability: Chronic diarrhea & vertigo
headache & vertigo result of
stroke
 Issued \$50. per month
Act May 1, 1920, 18____
 Mailed _____ Exp. _____ Rev. _____, 18____
 Rate and Period, \$ 10, from July 1, 18____
 Pension granted under form _____
 July 1, 18____
 Deductions: _____
 Disability: Chronic diarrhea & vertigo
headache & vertigo result of
stroke & disease of

Issue Crossed
 Free Will
 Issue (crossed)
 Free Will

June 28, 1892
 July 9, 1892
 Rate and Period, \$ _____, from July 9, 1892
 Deductions: Adopted Order Act June 27, 1890
any portion of the same period
 Disability: Chronic diarrhea & vertigo
headache & vertigo result of
stroke
 Issued _____, 18____
 Mailed _____, 18____
 Rate and Period, \$ _____, from _____, 18____
 Accrued Pension,
 OF MARCH 2, 1895.
 Accrued-Pension Order
 dated May 6 1926
 payable to Widow
 at _____
 Finance Division.

ENDORSEMENTS:
 J. P. C. to suspend
 and advised
 90 days
 to drop EW
 P. A. to drop
 and in 25 pensioners
 Wty. Flemer info nothing
 at the med. co. of Oct. 92 was
 ordered, as clt. had previous
 under the "June Act"
 in 1892.

Widow Division
I.C. 464,202
James P. Bowden
K-6 Del.Inf.

May 23, 1925.

Mrs. Mary M. Bowden,
C/o James K. Phillips, Justice of the Peace,
Seaford, Delaware.

Madam:

Your claim for the accrued pension due the soldier at the date of his death, amounting to about \$42, requires, in addition to the evidence indicated in the accompanying circular letter, your statement showing your correct post office address, including the name of street and number of residence if in the city, or number of rural route if in the country, not in care of another person.

Respectfully,

Wilder S. Metcalf
Commissioner.

HMM/ad

1
Widow Division
I.C. 464,202
James P. Bowden
K, 6th Del. Inf.

August 18, 1925.

Mrs. Mary M. Bowden,
R.R. #1, Box 126,
Seaford, Delaware.


Madam:

In response to your letter of July 15, 1925, relative to the above entitled claim for the accrued pension due the soldier at the date of his death, amounting to about \$33, I have to advise you that it requires the evidence indicated in the accompanying circular letter, as called for May 20, 1925, in a communication addressed to you in case of James K. Phillips, Justice of the Peace, Seaford, Delaware.

If you were married to the soldier prior to June 27, 1905, you may have title to pension as his widow and there is enclosed herewith, a blank declaration under the Act of May 1, 1920, which you are at liberty to fill in, execute and return to this Bureau, when you will be advised of any further requirements.

Respectfully,

Winfield Scott,
Commissioner.


HHM/EJA.

Widow Division
I. C. 464202
James P. Bowden
K 6 Del. Inf.

February 15, 1926.

Mrs. Mary M. Bowden
c/o Marjorie Harp, Secty.
Red Cross Service
911 Delaware Avenue
Wilmington, Delaware.

Madam:

In response to communication of Marjorie Harp, relative to your above cited claim, I have to advise you that it requires the evidence indicated in the accompanying circular letter; also your statement, over your signature, showing your present post office address, including the name of the street and number of residence, in in the city, or number of rural route if in the country and not in care of another person.

It appears that you may have title to pension under act of May 1, 1920, under which act pension, if allowed, commences from the date of filing a valid declaration thereunder. A blank form under said act is herewith inclosed for your use, which you are at liberty to execute and file in this Bureau and when it is received, you will be fully advised of the evidence necessary to complete the claim. It does not appear that it will be necessary for you to file any discharge certificate of the soldier.

Respectfully,

E. W. Morgan
Acting Commissioner.

2 Incls.
MWC

Widow Division
W.O. 1st 3187
James P. Bowden
K 6 Del. Inf.

April 2, 1926.

Mrs. Mary M. Bowden
R. R. 1, Box 126
Seaford
Delaware.

Madam:

In response to communication of Marjorie Harp, Secretary, Red Cross Home Service, Wilmington, Delaware, with which she filed application in your above cited claim for pension, I have to advise you that it now requires the evidence indicated in the accompanying circular letter.

Your claim for the accrued pension due at date of the soldier's death will be considered in connection with your claim for widow pension under act of May 1, 1920.

Respectfully,

Winfield Scott
Commissioner.

MWC

Widow Division
W.O. 1243187
James P. Bowden
K. 6th Del. Inf.

April 22, 1926.

Mrs. Mary M. Bowden,
R.F.D. 1, Box 126,
Seaford, Delaware.

Madam:

Your above-entitled claim for pension under the act of May 1, 1920, requires the best obtainable evidence showing the date of birth of the child, Oliver, for whom pension is claimed, and also the testimony of two witnesses having personal knowledge of the fact showing whether the child is living.

Persons testifying should state their ages, post-office addresses, and means of knowledge of the facts to which they testify.

Do not fail to inscribe on each paper furnished the name and service of the soldier and the number of the claim to which it relates.

Respectfully,

JTS-cjh

WINFIELD SCOTT
Commissioner.

Widow Division
W.O. 1243187
James P. Bowden
K, 6 Del Inf.

May 24, 1926

Mrs. Mary M. Bowden
R.R. 1, Box 126
Seaford, Delaware

Madam:

Your above cited claim for pension under the Act of May 1, 1920, filed March 16, 1926 is rejected on the ground that the soldier's service did not cover a period of ninety days during the Civil War nor was he discharged on account of disability incurred in service in line of duty as shown by a report from the records of the WarDepartment.

Your claim for the accrued pension due the soldier from the date of last payment to the date of his death has been allowed you.

Respectfully,

JTS/kk

Winfield Scott
Commissioner

Widow Division
W.O. 1243187
James P. Bowden
K, 6 Del. Inf.

June 7, 1926

Mrs. Mary M. Bowden
R.R. 1, Box 126
Seaford, Delaware

Madam:

In response to your letter of May 25, 1926, I have to advise you that you were informed by letter dated May 24, 1926, that your claim was rejected on the ground that the soldier's service did not cover a period of ninety days during the Civil War nor was he discharged on account of disability ~~occurred~~ in service in line of duty, as shown by a report from the War Department.

An order was issued payable to you on May 6, 1926, for the soldier's pension accrued at the date of his death.

Respectfully,

EW/kk

Winfield Scott
Commissioner

Widow Division
W.O. 1,245,187
James P Bowden
E 6 Inf. Inf.

July 1, 1926.

m
Mrs. Mary R. Bowden,
Rural Route 1, Box 126,
Seaford, Delaware.

M a d a m :

Replying to your letter I have to advise you that the report from the War Department shows that the soldier was not in the service ninety days; therefore, the rejection of your claim on that ground was proper. His name was dropped from the rolls under the Act of June 27, 1890, on the ground that he did not render ninety days' service; and he was pensioned under the General law for disabilities incurred in service in line of duty. The General law does not require that a service of ninety days must have been rendered.

To be entitled to widow's pension under the General law, the soldier's death must have resulted from disability incurred in service in line of duty. Mr. Bowden's death is not shown to have been the result of disabilities incurred in service. There appears to have been no error in the rejection of your claim on the ground stated, and I regret that apparently this Bureau is unable to afford you any relief.

Respectfully,

ASH:gem

Winfield Scott
Commissioner

Widow Division
W.O. 1,243,187
Mary M. Bowden
James P. Bowden
K, 6th Del. Inf.

August 9, 1926.

Marjorie Earp,
Executive Secy A.R.C.
911 Delaware Avenue,
Wilmington, Del.

Madam:

In response to your letter of recent date in behalf of Mrs. Mary M. Bowden, I have to advise you that her claim for pension under the Act of May 1, 1920, filed March 16, 1926, was rejected May 27, 1926, of which she was so advised.

The copy of the Act of May 1, 1920, is herewith enclosed.

Respectfully,

Winfield Scott,
Commissioner.

LBW/EJA.

Widow Division

November 13, 1926.

Hon. Robt. G. Houston
House of Representatives
Washington, D. C.

My dear Mr. Houston:

In response to your inquiry relative to the pension claim, W.O.1243,187, Mary M. Bowden, Rural Route # 1, Box 126, Seaford, Delaware, widow of James P. Bowden, Company K, 6th Delaware Infantry, I have to advise you that her claim under the Act of May 1, 1920, filed in this Bureau March 16, 1926, was rejected on the ground that soldier's service did not cover a period of 90 days during the Civil War, nor was he discharged on account of disability incurred in service in line of duty, as shown by a report from the records of the War Department.

Mrs. Bowden was advised of said rejection several times. Regretting that this Bureau is unable to afford Mrs. Bowden relief, I am,

Very truly yours,

Winfield Scott
Commissioner.

VLA

W.O.1,243,187.

For a widow to be entitled to pension under the General Law, it is required that it be shown that the soldier's death was the result of his pensioned disabilities, or otherwise due to his military service. It is shown that the soldier in this case died of chronic myocarditis, which does not appear to have been the result of the disabilities for which he was pensioned.

The rejection of the widow's claim under the Act of May 1, 1920, appears to have been proper, and I regret that this Bureau is apparently unable to afford Mrs. Bowden any relief under existing laws.

Very truly yours,

Winfield Scott,
Commissioner.

Carbon
enclosed
JHD

January 4, 1927.

Hon. Robert G. Houston,
House of Representatives,
Washington, D. C.

My dear Mr. Houston:

In response to your letter of recent date, relative to the claim W.O. 1,243,187, of Mary M. Bowden, R.R. #1, Box 126, Seaford, Delaware, widow of James P. Bowden, Co. K, 6th Delaware Infantry, for pension under the Act of May 1, 1920, which was rejected May 24, 1926, on the ground that the soldier's service did not cover a period of ninety days during the Civil War, nor was he discharged on account of disability incurred in service in line of duty, as shown by reports from the War Department, I have to advise you that the Act of May 1, 1920, specifically provides: "That the widow of any person who served in the army, navy or marine corps of the United States during the Civil War for ninety days or more, and was honorably discharged from such service, or regardless of the length of service was discharged for or died in service of a disability incurred in the service and in the line of duty, such widow having been married to such soldier, sailor, or marine prior to the 27th day of June, A.D. 1905, shall be entitled to and shall be paid a pension at the rate of \$30 per month."

A copy of said Act is herewith enclosed.

The soldier was pensioned under the General Law, on account of chronic diarrhoea and resulting piles, and headache and vertigo, result of sunstroke, incurred in the service. Under said law the length of service is immaterial. He continued to draw pension for such disabilities to the time of his death.

Widow Division
W.O. 1243187
James P. Bowden
K.6th Del.Inf.

February 5, 1927.

Mrs. Mary M. Bowden,
Route 1, Box 26,
Seaford, Delaware.

Madam:

In response to your recent letter, I have to advise you that your above-entitled claim which was filed March 16, 1926, was rejected May 24, 1926, on the ground of which you were advised on that date and also on June 7, 1926, and July 1, 1926. It does not appear that there is any existing law under which you would be entitled to pension as the widow of the soldier. This bureau can only administer the laws as passed by The Congress and has no power to alter or modify them in any way to give relief in individual cases.

The accrued pension due the soldier at the time of his death was paid by a check drawn to your order for \$55, dated May 12, 1926, and mailed to you on that date to R. H. 1, Box 120, Seaford, Delaware.

Respectfully,

MLK-cjh

WINFIELD SCOTT
Commissioner.

February 25, 1931.

Mrs. Mary M. Bowden,
Do
Seaford, Delaware.

Widow Division
W. O. 1243187
James P. Bowden
K, 6 Del. Inf.

Dear Madam:

In your above cited claim under the Act of June 9, 1930, there is required your statement, under oath, setting forth whether you had been married prior to your marriage to the soldier, as in your claim filed January 20, 1931, you failed to fill in the blank space provided for the purpose of showing whether there had been any prior marriage of yourself.

You should also state why in your claim above noted you stated that you had never heretofore applied for pension, whereas on March 16, 1926, a claim under the Act of May 1, 1920, was filed in your behalf, which claim was rejected on May 24, 1926, on grounds of which you were advised on that date.

There are also required the sworn statements of witnesses who have known you from the date of the soldier's death to the present time, setting forth whether you have remarried during said period.

Very truly yours,

E. W. Morgan,
Acting Commissioner.

Act June 9, 1930.

3-418

FILES SLIP

H. Q. No. 1,243,187

Bowden

CHARGE

Record Div.

Feb. 26/31 T. Williams.

FEB 26 1931

Ch.
N.F.W. Not

1931

19

Ex'r.

DEPENDENT

K6

No.

1243187

Act of

Act June 9, 1930

Mary M. Bowden
Seaford,
Delaware

Widow

James P. Bowden

Service

K 6 Del. Inf.

Died

Apr. 24, 1925 - Seaford, Del.

No

other claim.

than

W.O. 1243187

S. C. 464202

Mar

2, 1931

CSB

Clerk.

Application filed:

Jan. 29, 1931.

Attorney:

None.

P. O.

Cert. of Dis. Searched for

19

26. 464202
JAMES K. PHILLIPS
JUSTICE-OF-THE-PEACE
NOTARY PUBLIC K6 Del Del

State of Delaware 33
County of Sussex

SEAFORD, DEL., May 5th 1925

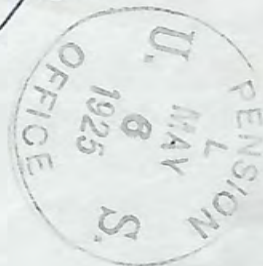
On this 5th day of May A.D. 1925, personally appeared before me James K. Phillips a notary public for the State and County aforesaid, Mary M. Bowden who being sworn in due form of law did depose and say that she is the widow of James P. Bowden, that the said James P. Bowden who was a pensioner died on the 24th day of April A.D. 1924, and that she does hereby make application for the pension due him from the date of last payment until the date of death, the said James P. Bowden died leaving no Estate of any kind,

Mary M. Bowden

Sworn to and subscribed before me this 5th day of May A.D. 1925,

James K. Phillips
notary public

Declaration accepted as a claim
under the act of March 2, 1895.
H. P. Willey,
Law Clerk.
per Jey



Box 464, 202

2

740

March 2, 1895

James P. Bowden
7C 6 Del Exp



Increase **INVALID PENSION.**
Ref # 464.202.

Claimant, James P. Bowden,
P.O., Sycamore, **Rank,** Private
County, Sussex, **Company,** K
State, Delaware **Regiment,** 6 Del. Vol. Inf.

Rate, \$ _____ **per month, commencing** _____

REJECTED.

Disabled by April 3, 1900.

RECOGNIZED ATTORNEY:

Name, W. W. Dudley and Co., **Fee \$** 2 **, Agent** _____ **to pay.**
P.O., Washington, D.C. **Articles filed** _____ **, 18** _____

APPROVALS:

Submitted for adm. March 8, 1900. **Examiner.** Granger

Approved for chronic diarrhoea **Approved for** chronic diarrhoea
and resulting piles, and headache and resulting piles and
Vertigo resulting from stroke headache and vertigo results
of sunstroke
6/8 no increase

March 14, 1900 John Q. White, **Legal Reviewer.** Imeson **Medical Referee.** Mar 21, 1900

Enlisted Nov. 20, 1862 **Discharged** Aug 23, 1863 **Last paid to** _____ **at \$** 8

Pensioned from June 28, 1886 **at \$** 8 **for** chronic diarrhoea
and resulting piles and headache & vertigo results of sunstroke

Original declaration filed _____ **, 18** _____ **; alleged** _____

Arrears allowed from _____ **, 18** _____ **to** _____ **, 18** _____ **at \$** _____

PRESENT CLAIM.

Declaration filed August 25, 1898. Increased disability
from chr. diarr. and res. Piles, & headache and vertigo
results of sunstroke. signs by mark

EASTERN

No M.C.

HISTORY OF CLAIM.

Pensioner, James P. Bowden, Certificate No. 464 202.
 1st service, Co - 6 Del. Inf.; enlisted, Nov 20, 1862; discharged, Aug 28, 1863.
 2nd service, _____; enlisted, _____, 18____; discharged, _____, 18____.

Pensioned from June 28, 1886, at \$ 8 per month for chronic diarr.
and resulting piles, and headache and vertigo
results of sunstroke.

Add. under the Act of June 24, 1890 at
\$10 from July 9, 1890 for chr. diarr. and re-
sulting piles, headache and vertigo result
of sunstroke, and disease of heart.

Renewal under general law at \$8
from July 9, 1890 for chr. diarrhoea and
resulting piles, and headache & vertigo
res. sunstroke. - ded. all payments under Act June 24, 1890.

Original declaration, Act of July 14, 1862 filed June 28, 1886
 alleged dysentery, and effects of sunstroke.

Filed May 23, 1890
alleged increased disability from chr.
diarr. and resulting piles, and head-
ache & vertigo result of sunstroke.

Orig. decla. Act of June 24, 1890 filed
July 9, 1890 alleged chr. diarr. & res. Piles,
& head & vertigo results of sunstroke.

Filed Oct. 5, 1891
alleged same, and disease of heart, back-
ache and kidney trouble.

DECLARATION FOR INCREASE AND ADDITIONAL INVALID PENSION.

State of Delaware, County of Sussex, ss:

ON THIS 23rd day of August A. D. one thousand eight hundred and ninety-eight

personally appeared before me, a Notary Public within and for the County and State aforesaid James P. Bonder aged 54 years, a resident of

Sycamore County of Sussex State of Delaware

who, being duly sworn according to law, declares that he is a pensioner of the United States, enrolled at the Washington Pension Agency at the rate of Eight

dollars per month, under Certificate No. 464202, by reason of disability from Chronic diarrhea

and Resulting in Piles and proctitis Result of
sun stroke and head ache

incurred in the Military service of the United States, while serving as a Private

Co. "K" - 6 - Del. Vol. Inf.

That he believes himself to be entitled to an increase of pension on account of a material
progression of his disability by
reason of pensioned causes since
his present rate of pension was
fixed.

and he hereby appoints, with full power of substitution and revocation,

WM. W. DUDLEY, of Washington, D. C.,
his true and lawful attorney to prosecute his claim.

His post-office address is

Sycamore Sussex county
Delaware

John W. Wickman

Joseph S. Littleton

[Two witnesses who write sign here.]

James P. Bonder
[Signature of claimant.]

PER
AUG
25

ATTY FILED.

Also personally appeared *John W Hickman*, residing at *Millsboro Delaware*, and *Joseph S Littleton*, residing at *Shurtley Delmar*, persons whom I certify to be respectable and entitled to credit, and who being by me duly sworn, depose and say that they were present and saw *James P Bunch* the claimant, *Mark* his *mark* to the foregoing declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance with him that he is the identical person he represents himself to be; that they have no interest in this claim, and are not concerned in its prosecution.

1

1

2

2

[If either affiant signs by mark, two persons who write sign here.]

John W Hickman
Joseph S Littleton
[Signatures of Affiants.]

Sworn to and subscribed before me this *23rd* day of *August*, A. D. 189*8*

and I hereby certify that the contents of the foregoing declaration were fully made known and explained to the applicant and witnesses before they made oath to the same, including the words

erased, and the words

added; and that I have no interest, direct or

indirect, in this claim, and am not concerned in its prosecution.

Alfred J Smith
[Official Signature.]
Notary Public
[Official Character.]

[L. S.]

I, _____, Clerk of the County Court in and for the aforesaid County and State, do hereby certify that _____, who has signed his name to the foregoing declaration and affidavit, was, at the time of so doing, a _____ in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this _____ day of _____, 189_____.

[L. S.]

Clerk of the _____

NOTE.—This application should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, or JUSTICE OF THE PEACE. If before a JUSTICE or NOTARY the CLERK OF COUNTY COURT must add his certificate as to the official character of the Notary or Justice hereon, and not on a separate slip of paper. If the Notary or Justice has filed his Commission, or duly certified copy thereof, in the Pension Office for general reference, he should add statement to that effect, and the Clerk's certificate will not be required.

INTV ALID.
CLAIM FOR INCREASE
AND ADDITIONAL PENSION.

James O. Bowden
Co. K. 6 - Reg't.

Del. Inf. 14th
Pension Certificate No. *464202*

RECEIVED.
SEP 1 1898
EAST L. V.

1898
AUG 15
LAW DIVISION

FILED BY
Wm. W. Dudley, & Co.
Attorney at Law,
WASHINGTON, D. C.

464202
D.L.

(3-145.)

Restoration INVALID PENSION.

Claimant,

James P Borden

P.O.,

Laurel

Rank,

1st

County,

Sussex

Company,

H

State,

Del

Regiment,

6 Del Vol Inf

Rate, \$

per month, commencing

July 9, 1890

Reduce all payments under Act
June 27 '90

& vertigo res. sun stroke.

Disabled by

Ch. diarrhoea and res. piles & headache

RECOGNIZED ATTORNEY:

Name,

Fee \$, Agent to pay.

P.O.,

Articles filed , 18 .

APPROVALS:

Submitted for

May 31, 1892

Cooman

, Examiner.

Approved for

restoration for Ch. diarrhoea

Approved for

restoration for chronic

and resulting piles & headache & vertigo
result of sunstroke, under old law, of
no. 469,202 from July 9, 1890. date when
sunstroke

diarrhoea and resulting piles &
headache & vertigo result of
sunstroke 8/18.

Impres-

Reduce all payments under said
Act Act June 27, 1890 - No increase claim
pending - May 31, 1892

17th, 1892, Medical Referee.

Declaration for an Original Disability Pension.

Under Act of Congress approved June 27th, 1890.

~~This must be Executed before a COURT OF RECORD or SOME OFFICER THEREOF having Custody of the Seal.~~

State of Delaware, County of Sussex, ss:

On this 7th day of July, A. D. one thousand eight hundred and ninety

personally appeared before me a Notary Public for the State

of the Delaware COURT OF RECORD within and for the county and State

aforsaid as P. Bowden aged 5 years, who, being

duly sworn according to law, declares that he is the identical as P. Bowden

who was ENROLLED as a Private on the 20

day of Nov, 1862, in Company R of the 6th Regiment of

Del. Inf. commanded by Elijah Adkins

in the war of the Rebellion, and served at least ninety days, and was honorably discharged at

Hammington Del, on the 23 day of Aug, 1863

that he is now unable to earn a support by reason of Chronic Rheumatism

& resulting piles, head & vertigo, the effects of sunstroke

That said disabilities are not due to his vicious habits, and are to the best of his knowledge and

belief permanent. That he has not applied for pension under application No. 464202

That he is a pensioner under certificate No. 464202 for Chr. Rheumatism

& resulting piles & headache & vertigo.

(Here state the exact disability for which you are pensioned, copying it word for word from your certificate.)

the results of sunstroke

and that he hereby renounces said pension to date from the allowance of a higher rate if granted under

this application. That he has not been employed in the military or naval service

otherwise than stated above.

(Here state what the service was, whether prior or subsequent to that stated above, and the dates at which it began and ended.)

That he has not been in the military or naval service of the United States since the 23

day of Aug, 1863, and that his occupation

has been that of a laborer. That he is now greatly

disabled from obtaining his subsistence by manual labor by reason of the disability above described, and

he therefore makes this declaration for the purpose of obtaining a disability invalid pension under the

Act of Congress of June 27th, 1890. He hereby appoints with full power of substitution and revocation

J. W. FLENNER, of Washington, D. C.,

his true and lawful attorney to prosecute his claim. That he has not heretofore

applied for a pension, but his claim has not been allowed, the number of the claim being No. 464202

that his residence is Laurel Del and that his post-office

address is the same Box 196

W. S. R. Odum

J. T. Waggoner

(Two witnesses who can write, sign here.)

James P. Bowden
(Signature of Claimant.)

Also personally appeared Daniel S. Rodney, residing at Georgetown
Del., and John D. Wagoner, residing at
Georgetown Del., persons whom I certify to be respectable and entitled to credit, and
who being by me duly sworn, say that they were present and saw James P. Bowden
the claimant, sign his name (make his mark) to the foregoing declaration; that they
have known the claimant for 20 years and 30 years, respectively, and
have every reason to believe from the appearance of said claimant and their acquaintance with him
that he is the identical person he represents himself to be; and that they have no interest in the
prosecution of this claim.

John L. Thompson



D. S. Rodney

J. D. Wagoner
(Signature of Affiants.)

(If Affiants sign by mark, two persons who can write sign here.)

SWORN TO AND SUBSCRIBED before me this 7th day of July A. D. 1890,
and I hereby certify that the contents of the above declaration were fully made known and explained to
the applicant and witnesses before swearing, including the words "Sign his name"
erased and the words _____ added; and that
I have no interest, direct or indirect, in the prosecution of this claim.



John L. Thompson
Clerk of the Notary Public

ORIGINAL
Disability Claim
FOR
PENSION

Under the Act of Congress, June 27th, 1890.

James P. Bowden, Applicant.
Co. A, 1st Reg't, 6th Vols.
Enlisted Nov 20 1862
Discharged Aug 29 1863



FILED BY

J. W. FLENNER,

WASHINGTON, D. C.

Rufus H. Darby, Printer, 1308 Pa. Ave., Washington, D. C.

464.202
D/b

under
ACT OF JUNE 27, 1890.

Additional
INVALID PENSION.

Claimant, James P. Bowden
P. O., Laurel Rank, Private
County, Sussex Company, "K"
State, Del. Regiment, 6th Del. Vol. Infy.
Rate, \$ 10, per month, commencing July 9th 90
Did sub. payments
Disabled by Dis. Med. approved

RECOGNIZED ATTORNEY.

Name, J. W. Fleener Fee, \$ 10 Agent to pay.
P. O., City Articles filed, July 9th, 1890

APPROVALS.

Submitted for Admission, Nov. 24, 1890, Bortharth, Examiner.
Approved for admission

by Cert. No. 464.202
to end July 8 0
deduct sub. payments
J. A. Smith Legal Reviewer. J. H. Batten Medical Referee. \$10
Dec. 1, 1890 Dec. 15, 1890
He is now pensioned under other laws. Last paid to 18, at \$ 8 -
Pensioned from June 78th, 1886, at \$ 8 - for Chr. Diarrhoea & resulting piles @
headache & vertigo results of Sunstroke

SERVICE SHOWN BY RECORD.

Enlisted November 20th, 1862, honorably discharged Aug. 23rd, 1863
Re-enlisted 18, honorably discharged 18

Declaration filed July 9th, 1890, alleges permanent disability, not due to vicious habits,
from Chronic Diarrhoea and resulting piles @ Headache
+ Vertigo the results of Sunstroke

Club. signs by mark

MEDICAL TESTIMONY.

STATE OF Delaware
COUNTY OF Sussex

Doctor's name
and
Post Office address.

Lemuel H. Collins whose Post Office address is Gumborough
County of Sussex State of Delaware and whose age is now

40 years, being first duly sworn, says that he is a regular practicing physician of 13 years

standing, and that he gave medical advice and treatment to Henry P. Bowden late a
Private of Company 12 of the 6th Regiment of Delaware

DIRECTIONS.

Doctor: Please state when (the year at least) you first treated the soldier, what you treated him for, and how many years thereafter you continued to treat him and give him medical advice, giving a full medical history of his disease and its progress, whether he has grown better or any worse. If at all possible, give dates and duration of all treatment administered; your books will help you. If the case appears to have been one of long standing, and chronic, please say so. If his disease has been aggravated by intemperance or other bad habits, so state. If you have treated him for more than one disease, please follow these instructions for each, and particularly, doctor, give your opinion as to the degree or extent ($\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, etc.) to which he has been disabled for labor during your knowledge of his case.

Vol's, as follows: I have treated Henry P. Bowden
for about five years at times
he is troubled with Chronic Diarrhoea which
I think he has had great many years
to some extent without relief
him he can't stand a great deal about his
head he can't stand the sun. For the
summer he had a Sun Stroke while in the
service in the year 1863
so he is a laborer
I don't think he can make his own
living or in the summer he cannot
work on the account of the sun, which
he can't stand and I don't think
he can work over one third of his time

I further swear that I am not interested in this claim for pension.

Lemuel H. Collins M.D.
(Affiant's Signature.)

(If ever in the Service give rank.)

13

WASHINGTON, D. C.

MEDICAL TESTIMONY.

STATE OF Delaware

COUNTY OF Sussex

Doctor's name
and
Post Office address.

James P. McFadden whose Post Office address is Whiterville

County of Sussex State of Delaware and whose age is now
66 years, being first duly sworn, says that he is a regular practicing physician of 35 years

standing, and that he gave medical advice and treatment to James P. Bowden late a

Private of Company H of the 6 Regiment of Delaware

Vols. as follows: I have given medical advice and treatment

from 31 of August 1863 I was cal to see the

said James P Bowden and found him

suffering with diarrhoea and misery

In his head I have attended said

James P Bowden from August 31st 1863

To November 29 of 1866 for the a Bow

Trouble and I do not think he was

able to perform manual labour over

one fourth of his time yearly

I further swear that I am not interested in this claim for pension.

Witness

John W. Hickman

Wm. P. Donaway

James P. McFadden
(Affiant's Signature.)

(If ever in the Service give rank.)

Records E. Sir Good

10

DIRECTIONS.
Doctor: Please state when (the year at least) you first treated the soldier, what you treated him for, and how many years thereafter you continued to treat him and give him medical advice, giving a full medical history of his disease and its progress, whether he has grown better or any worse. If at all possible, give dates and duration of all treatment administered; your books will help you. If the case appears to have been one of long standing, and chronic, please say so. If his disease has been aggravated by intemperance or other bad habits, so state. If you have treated him for more than one disease, please follow these instructions for each, and particularly, doctor, give your opinion as to the degree or extent ($\frac{1}{4}$, $\frac{1}{2}$, etc.) to which he has been disabled for labor during your knowledge of his case.

WASHINGTON, D. C.

For Officer's or Comrade's Testimony.

Officer's, Surgeon's or Comrade's Post Office address.

Here state condition of soldier's health at time of enlistment.

State time and place of disability, and if by wound in battle, state name of battle; if by accident, state the circumstances; and if by sickness, state the cause and nature of the disease.

State your source of information.

I, Peter Heitchens a resident of Mar. Germantown in the County of Sussex State of Delaware late Private of Company K of the 6th Regiment of Del^a Vol on oath, depose and say, that I was well acquainted with James P. Borden late a Private in Company K of the 6th Regiment of Del^a Vol of the war of 1861; that at the time of his enlistment, said James P. Borden was a. Sound healthy man

and while in the military service of the United States, in the line of his duty, and without fault or improper conduct of his own, on or about the 10th day of August 1863 at Fort Delaware in the State of Delaware

that this Claimant James P. Borden was attacked with Chronic Diarrhea and was then released from duty until the 15th day of August 1863. While on line for guard duty he was Sun struck and fell at his post and was carried to the Barracks and never done any more duty until his discharge and that since his discharge and return home he has had a bad cough and bad Bronch all the time and not able to do manual labor more than one third of the time I know these facts from Personal Knowledge and being a Near Neighbor and I have no interest whatever in the prosecution of this claim for pension.

Two Witnesses when signed by mark: John W. Hickman Peter Heitchens Mark Conrad W. Morris

NOTE.

Execute this before a Clerk of the Court if possible. When executed before a Notary Public or Justice of the Peace, a certificate from the Clerk of the Court should be attached, certifying that the Notary or Justice had authority to act as such.

Sworn to and subscribed before me this 23rd day of June 1886 at Millsboro in the County of Sussex State of Delaware I certify that I am disinterested, that the affiant is to me well known, and is respectable, and worthy of full credit as a witness, and that the contents of the affidavit were made known to him before execution.

Al Presant 9 1/4 Prm good 9 1/2 Amos B. Morris N. Puthi

STATE OF _____

COUNTY OF _____

I HEREBY CERTIFY that

an affidavit was made, was at the execution thereof, a

in and for the County of _____

and State of _____

hereto is genuine.

(Official Signature.)

before whom the forego

duly authorized to administer oaths, and that his signa

J. W. FLENNER & Co.,

Attorneys,

WASHINGTON, D. C.

FILED BY

For

Orig. Pension

No. _____

Affidavit.

Comstock

James T. Boardman
JUL - 9 1886
OFFICE

Enc. Treasury Department,

THIRD AUDITOR'S OFFICE,

February 13th, 1892.

Hon. Commissioner of Pensions.

Sir, In reply to your letter of February 8. 1892, in case of
James P. Bowden Certificate 464202.
Washington. Agency, Act. June 27. 1890 Roll,
the records of this Office show ^{last} payment to have been made at \$70[—]
per month in September 1891 to September 4.
1891.

Letter herewith returned.

Pensioner was suspended by letter
from Pension Office dated October 16.
1891, and dropped by letter January
4. 1892.

Respectfully yours,

W H Hark

Auditor.

C.P.H.

CLAIMANT'S TESTIMONY.

STATE OF Delaware }
COUNTY OF Sussex } SS.

In the matter of the application for Original Pension No. 578,358
of James P. Bowden, personally comes the claimant, who,

being first sworn on oath, says That the effects of Paralysis
is to make him giddy or dizzy, a
swimming sensation before his eyes
cannot labour in the sun, a pain
in the left eye with loss of sight
cannot read by lamp light, and
nervous, in short I cannot
do any manual labour in
the sun

My Post-Office address is Gumboro
County of Sussex, State of Delaware

When signed by mark, two witnesses. J. S. Bacon
John W. Hickman
James P. Bowden
(Claimant's Signature.)

Subscribed and sworn to before me this 27 day of April, 1888 The affiant is the
person he represents himself to be, and a credible witness. I certify that I read said affidavit to said affiant and
acquainted him with its contents before he executed the same. I am not interested in this claim.

Witness my hand and seal the day and year above written.
Jesse L. Long Notary Public

STATE OF } ss.
COUNTY OF

I HEREBY CERTIFY that before whom the foregoing affidavit was made, was at the execution thereof a in and for the County of duly authorized to administer oaths, and that his signature thereto is genuine.

(Official signature.)

269
April 1878
CLAIMANT'S TESTIMONY.
Clayton

Claim of

James P. Borden
Rev. "K" 6th Regt.

For Aug. Inval Pension

No. 3-78358



J. W. FLENNER & CO.,
U.S. Claim and Patent Attorneys

WASHINGTON, D. C.



Hospital Statement.

I hereby certify that I am claimant for Pension No. _____

I was late a member of _____

Company

K 6th

Regiment

of Del^a

Volunteers.

and the following is a full, true, and correct statement of all treatment received by me while in the service of the United States, to the best of my recollection:

*was not treated in any
Hospital but was treated at Fort Delaware
in the State of Delaware by Doct William
Marshal Surgeon of the Regiment from the 10th
day of August A. D. 1863 until the 23rd
day of August A. D. 1863 when I was discharged*

NOTICE. - Here give a full and complete statement of all the treatment you received while in the service. State the names, numbers and locations of all hospitals in which you received treatment, and state whether general, brigade, regimental, division, post, corps, or full hospital. State date of entering each and date of leaving. If not treated in the service, state that fact.

Given this

First day of *July*

188 *6*, and I further state that my Post

Office address is

Gumboro

County of

Sussex

State of

Delaware

*Witness
A. B. Morris*

John Wickham

James P. Bowden
(Claimant's Signature.)
March

THIS STATEMENT MUST BE SIGNED BY CLAIMANT HIMSELF, AND NEED NOT BE SWORN TO.

(69)



Claim - No 1074
HOSPITAL STATEMENT,

OF
James P. Bowden
Last of
Co. 16 6th Reg't.
Del. Infy. Vol'a.

Claim for Original Invalid Pension.

No. _____

J. W. FLENNER & CO.

ATTORNEYS,

WASHINGTON, D. C.

DEAR SIR:

The Pension Office requires a full and complete statement of all your medical treatment while in the army, and if you can make your statement clear, the records of your hospitals can be examined without delay, and your case more speedily settled.

If you were treated in the field, say whether it was in the Regimental, Brigade, Division or Post Hospitals, and about when it was and where you were stationed at the time. If you were treated in the General Hospital, give its name or number, and in what city it was located, and about when you entered, and how long you remained. Specify all of your hospitals for the records of no hospital will be examined unless you claim treatment therein. A good Hospital Statement is half the battle won. It need not be sworn to. If you were never treated in the army simply say so on the blank.

Respectfully,
J. W. FLENNER & CO.

CLAIMANT'S TESTIMONY.

STATE OF

Delaware

COUNTY OF

Sussex

ss.

In the matter of the application for ~~for~~ for Pension No. 578358
of James P. Bowden, late a Private of Co. B. 6th Reg. De., personally comes the claimant, who,
being first sworn on oath, says

on or about the tenth of August
Eighteen Hundred & Sixty Three I was severely attacked with Diarrhea.
and about the fifteenth of August Eighteen
Hundred & Sixty Three. I received a Sun
Stroke and about the same time
I was attacked with Measles.
the result of Sun Stroke,
in the hot season of the year I can't stand
the heat of the Sun, and was obliged to
give up my usual occupation which was
farming.
the result of Measles, always ever since
my first attack when I took the least cold
it produced a very disagreeable cough
and owing to the above troubles I am not
able to perform manual labour more than
one third of my time

My Post-Office address is

Mill-horough

County of

Sussex

State of

Delaware

In care of J. W. Hickman

James P. Bowden
(Claimant's Signature.)

When signed
by mark, two
witnesses.

James E. Betts
David S. Mitchell

Subscribed and sworn to before me this 19th day of March, 1888. The affiant is the
person he represents himself to be, and a credible witness. I certify that I read said affidavit to said affiant and
acquainted him with its contents before he executed the same. I am not interested in this claim.

Witness my hand and seal the day and year above written.

James E. Betts
Charles R. B. B. B.

STATE OF Ill. } ss.
COUNTY OF Franklin

I HEREBY CERTIFY that....., before whom the forego-

ing affidavit was made, was at the execution thereof a

..... in and for the County of

....., duly authorized to administer oaths, and that his signature

and State of

thereto is genuine.

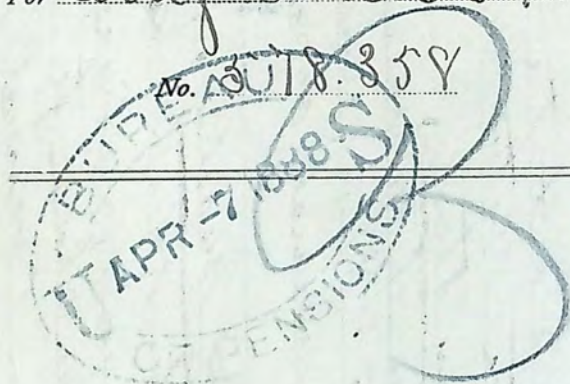
(Official signature.)

*All fails to state
name of dis. results
of such stroke*
CLAIMANT'S TESTIMONY.

Claim of

James B. Bowden
No. 86 6th Hl. Inft

For *Org. Pension*



J. W. FLENNER & CO.,
U.S. Claim and Patent Attorneys

WASHINGTON, D. C.

CLAIMANT'S TESTIMONY.

STATE OF Illinois
 COUNTY OF Union } ss.

In the matter of the application for Pension No. 578 389
 of James N. Bonden, personally comes the claimant, who,
 being first sworn on oath, says that it is wholly and

entirely correct in the above statement
the Medical testimony of the Physicians
that he has been lame from 1866 to 1881
this depends upon the fact that he
was injured in the year 1866 by a fall from a
tree in the pine woods - this depends
upon the fact that for each and every
year during all the time from that
time he has been lame and that
the doctors have all agreed that he
is lame and that he is unable to
perform any of his duties as a
farmer - that of farming - one 1/3
of his time up to now - that during
all that time he has been lame
this he has been unable to do
that he has been unable to do
that he has been unable to do

My Post-Office address is Union, Illinois
 County of Union, State of Illinois

James N. Bonden
 (Claimant's Signature.)

When signed
 by mark, two
 witnesses.

John W. Hickman
John W. Hickman

Subscribed and sworn to before me this 7 day of March, 1887. The affiant is the
 person he represents himself to be, and a credible witness. I certify that I read said affidavit to said affiant and
 acquainted him with its contents before he executed the same. I am not interested in this claim.

Witness my hand and seal the day and year above written.

Samuel W. Layton
Notary Public

STATE OF } ss.
COUNTY OF

I HEREBY CERTIFY that

ing affidavit was made, was at the execution thereof a

..... in and for the County of

and State of

thereto is genuine.

....., before whom the forego-

....., duly authorized to administer oaths, and that his signature

(Official signature.)

J. W. FLENNER & CO.,
U.S. Claim and Patent Attorneys

WASHINGTON, D. C.

CLAIMANT'S TESTIMONY.

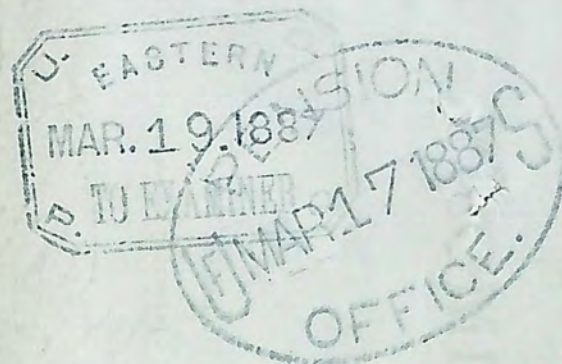
Claim of
James P. Bowden
R. M. Del Ing

For

No.

578,358

[Large signature]



Can't find med from 66 to 87

Claimant's Testimony.

STATE OF Delaware }
COUNTY OF Sumner } 88.

In the matter of the application for Pension Pension No. 5783582
of James R. Borden Col. 6th Regt personally comes the claimant, who
being first sworn on oath, says: That he is entirely and wholly unable
to furnish the residence of the Surgeon, or Assistant Surgeon
of the Regiment, or the Pension Office at Fort Ligonier and
Assistant Surgeon, Regt, and Pension Office daily
reports on ships and sea war navigation to keep ship
board themselves after making and returning their
daily reports this duty in this respect was posted
and ended. Since then Dr William Marshner
of Milford Delaware and Newark Delaware
from their Delaware most respectfully state with
Humble Commission of Pension that I
have used due diligence and have expended all
my power to comply with the requirements
of the Department for in regard to obtaining
medical from Surgeon or Assistant Surgeon find
it wholly impossible to do so. Further more,
also respectfully request

My Post Office address is Gumborough State of Delaware
County of Sumner

When signed
by mark, two
Witnesses

John W. Hickman James R. Borden
(Claimant's Signature.)
Elizabeth A. Layton

Subscribed and sworn to before me, this 30th day of September 1886 The affiant is the
person he represents himself to be and a credible witness and I certify that I read said affidavit to said affiant and ac-
quainted him with its contents before he executed the same. I am not interested in this claim.
Witness my hand and seal the day and year above written.

Samuel H. Layton
Notary Public

STATE OF

COUNTY OF

I HEREBY CERTIFY that

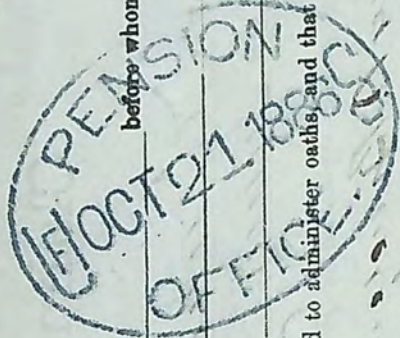
ing affidavit was made, was at the execution thereof, a

in and for the County of

and State of

thereto is genuine.

(Official Signature.)



before whom the forego-

duly authorized to administer oaths, and that his signature

CLAIMANT'S TESTIMONY.

Ordin of

Jay P. Bowden

R. C. Del. Prof.

For Origl.

No. 578, & 58.

FILED BY

J. W. FLENNER & Co.,

Attorneys.

WASHINGTON, D. C.

CLAIMANT'S AFFIDAVIT.

State of Delaware }
County of Sussex } SS.

In the Matter of the Original INVALID Pension Claim No. _____
of James P Bowden

ON THIS 21st day of July A. D. 18 86, personally appeared before me, a
Notary Public in and for the aforesaid County, duly authorized to administer
oaths, James P Bowden, aged 43 years, a resident of
Near Greensboro in the County of Sussex, and State
of Delaware, well known to me to be reputable and entitled to credit,
and who being duly sworn, declares in relation to his claim for pension as follows: My Post Office address is
Greensboro Sussex County Delaware
[Give present address in full.]

For 19 years immediately preceding my enlistment into the service of the United States on the 2nd
day of November, 186 2, I resided in the following-named places: Near Greensboro
Sussex County Delaware
[Give all the places in which you resided during the period above stated prior to your enlistment.]

and my occupation was that of a Farmer
Since my discharge from said service on the 23rd day of August, 186 3, I have resided in
Near Greensboro Sussex County Delaware
[Give the name of each place with date of any change of residence.]

and my occupation has been that of a Farmer
I further state that the disability for which I claim a pension arises from Chronic Diarrhea
which was contracted at Fort Delaware in the State of Delaware
[Here state the time, place, and all the circumstances under which the disability for which pension is claimed originated.]

3 On the 10th Day of August A. D. 186 3 and on
the 15th Day of August A. D. 186 3 at Fort Delaware
in the State of Delaware he was gun struck

From my said discharge to the present time, I have received the following medical treatment for said disease
from Dr James P McFadden
[Give the name and address of each physician employed, and the date when each commenced and ceased to treat you. If any of them are deceased,
so state.]

Since the origin of the disability for which pension is claimed, I have suffered with the following acute diseases:
Chronic Diarrhea and Discharge of the Urine
[Mention all attacks of acute disease, the time when such attacks occurred, their character and violence.]

for which I was treated by Dr Dr James P McFadden
[Name and address and date of treatment.]

And during all of the said time my physical condition and ability to perform manual labor has been as follows:

Not been able to perform Manual Labor more than one third of the time from discharge to the present time.

I further state that the entire service rendered by me is as follows further 20th day of August 1862 until the 23rd day of August 1863 and during the same time served in the 6th Reg. Ala. Vol.

and that I have not served in the Army or Navy either prior or subsequent thereto.

John A. Hickman
James B. Lizard
James P. Bowden
[Two witnesses who can write sign here.]

State of Alabama County of Linn SS:

Sworn to and subscribed before me this day, by the above named affiant; and I certify that I read said affidavit to said affiant, and acquainted him with its contents before he executed the same. I further certify that I am nowise interested in said case, nor am I concerned in the prosecution. The following interlineations and erasures were made before executing said affidavit:

Samuel B. Morris N.P.
[Official Signature.]

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, or JUSTICE OF THE PEACE. If before a JUSTICE or NOTARY, then CLERK OF COUNTY COURT must add his certificate of Official character hereon, and not on a separate slip of paper.

I, Clerk of the County Court in and for aforesaid County and State, do certify that, Esq., who hath signed his name to the foregoing affidavit was at the time of so doing, in and for said county and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

[L. S.] Clerk of the

CLAIMANT'S AFFIDAVIT.

No. 578358

Claim of
James P. Bowden
Private
Co. 12-6th
22nd Del. Inf.

Orig. Pension

FILED BY
J. W. FLENNER, Jr.,
U. S. CLAIM ATTORNEY,
Washington, D. C.

Claimant's Testimony.

STATE OF Illinois
COUNTY OF Macoupin } ss.

In the matter of the application for Invalidity

Pension No. 578358

of James M. Bowden late private 6th Regt. Ill. Inf. personally comes the claimant, who being first sworn on oath, says:

This defendant being duly sworn - deposes and says - that after his enlistment with 6th Regt. Ill. Inf. in Co. K of said Regt. he went with the Regt. down river to Rock River and Perryville in the State of Maryland - from Perryville on march to Fort Mifflin - in the State of Illinois - When on the 10th day of August A.D. 1863 I was attacked with Malaria - and diarrhoea - and for four or five days - my system in consequence - of the great drain on my body - arising from the constant marching in my boots - for the time afebrile - I was completely run down - had no appetite - and did not eat anything for several days - While in that low physical condition - I was ordered over one guard to guard the Rebel prison - My post was between the Illinois Barracks - and the Buildings then occupied by the Rebels - When no air could reach me - with the sun bearing down on me with the thermometer at a very high point - refusing to let or anything to cool me - I was thus run down - and for several hours have nothing in consequence of said attack - from which I have never recovered - and in consequence of said trouble contracted - as a result - I am not able to make my living by said - at my old work - labor

My Post Office address is

State of

County of Macoupin

James M. Bowden
(Claimant's Signature.)

When signed
by mark, two
Witnesses.

Samuel H. Layton
John W. Hickman

Subscribed and sworn to before me, this 9th day of April 1887. The affiant is the person he represents himself to be and a credible witness. I certify that I read said affidavit to said affiant and acquainted him with its contents before he executed the same. I am not interested in this claim. Witness my hand and seal the day and year above written.

Samuel H. Layton
Notary Public

STATE OF _____ } ss.
COUNTY OF _____

I HEREBY CERTIFY that

before whom the foregoing

affidavit was made, was at the execution thereof, a

in and for the County of _____

and State of _____ duly authorized to administer oaths, and that his signature

thereto is genuine.

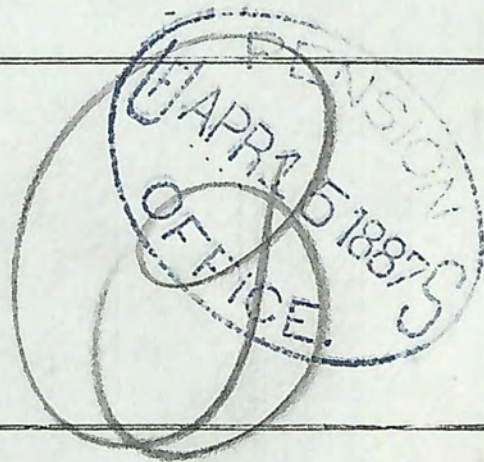
(Official Signature.)

CLAIMANT'S TESTIMONY.

Claim of

Chas. P. Browder.
K. C. Del. Ind.
For *Origl.*

No. *578,358,*



FILED BY

J. W. FLENNER & Co.,

Attorneys,

WASHINGTON, D. C.

DECLARATION FOR INCREASE OF AN INVALID PENSION.

State of Delaware County of Sussex ss:

ON THIS 12th day of May A. D. one thousand eight hundred and ~~eighty~~ ninety personally appeared before me, the undersigned, duly authorized to administer oaths within and for the County and State aforesaid James P. Gowden
Pensioner's full name.

aged 46 years, who, being duly sworn according to law, declares that he is a pensioner of the United States, duly enrolled at the rate of \$ 2 dollars per month, under Pension Certificate No.

464202 by reason of disability resulting from chronic diarrhoea
and resulting piles and headache & vertigo result
of sunstroke.

incurred in the service of the United States, while serving as a Pvt. in Company K
Here state your rank.
of the 6th Regiment of Del. Inf. Volunteers.
company, number or name of regiment and State to which it belonged.

That he believes himself entitled to an increase of pension for the following reasons:

that since he obtained his present rate, his disability has increased,
rendering it more difficult for him to perform manual labor.

That he hereby appoints, with full power of substitution and revocation,

J. W. FLENNER, OF WASHINGTON, D. C.,

his true and lawful attorney, to prosecute his claim.

His Post Office is Laurel County of Sussex
State of Del.

James E. Dusey
Charles H. Morris
Two persons who can write sign here.

James P. Gowden
Signature of Claimant

Also personally appeared James E. Pusey residing at Millsboro Delaware and Christie W. Morris residing at Millsboro Delaware, persons whom I certify to be respectable and entitled to credit, who, being duly sworn, say they were present, and saw the claimant sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of said claimant, and their acquaintance with him, that he is the identical person he represents himself to be, and that they have no interest in the prosecution of this claim.

If witnesses sign by mark, two persons who can write sign here.

James E. Pusey
Signature of witness.

Sworn to and subscribed before me, this 12th day of May A. D. 1889, and I hereby certify that the contents of the above declaration, &c., were fully made known and explained to the applicant and witnesses before swearing, including the words erased and the words added; and that I have no interest, direct or indirect, in the prosecution of this claim.

Amiel B. Morris
Signature.

[L. S.]

Notary Public
Official character.

NOTE.—If an increase of pension be claimed on account of a wound, injury or disease not previously alleged, the law requires that the application be EXECUTED before an OFFICER of a COURT of RECORD having custody of its seal; otherwise, it may be executed before any Officer authorized to administer oaths for general purposes.

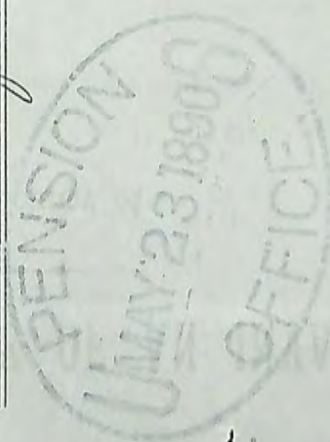
Certificate No. 464202

INVALID.

APPLICATION FOR

INCREASE OF PENSION.

James G. Bowden
Co. H, 6th Reg't.
Del. Light Vols.



FILED BY

J. W. FLENNER,

Attorney,

WASHINGTON, D. C.

U. S. GOVERNMENT PRINTING OFFICE

DECLARATION FOR *Original* INVALID PENSION.

State of *Delaware* County of *Sussex*, ss.

On this *11* day of *June* A. D. one thousand eight hundred and eighty *Six*
 personally appeared before me, *John F. Adams Secy of Sup. Court*
 within and for the County and State aforesaid *James P. Bowden* aged *43*
 a resident of *Gumborough* County of *Sussex* State of *Del.*
 who, being by me duly sworn according to law on his solemn oath, deposes as follows, to wit:

"I am the identical *James P. Bowden* who was enrolled on the *20*
 day of *Sept* 186*2* in Company *1st* commanded by Captain *E. Adkins*
 of the *6th* Reg't of *Del. Inf.* Vol's
 and I was honorably discharged at *Hilmington, Del.* on the *23rd* day of *Aug.* 186*3*

While in the service aforesaid, and in the line of my duty, I was disabled in the manner following, to wit:

While at Fort Delaware on or about
Aug. 10th 1863 I contracted "Dysentery"
from which I have suffered consti-
tinuously since and on which
I claim a Pension.
I also claim Pen-
sion on Effects of Gun-stroke in-
curred while at Fort Delaware on or
about Aug. 15th 1863 and which has
affected me ever since and
from the effect of measles contracted at Fort Delaware
on or about 15th of August 1863
I have suffered continuously ever since
and I claim a Pension on full Back of
Measles

I have *never* been employed in the Military or Naval Service of the United States otherwise
 than set forth above. Since leaving the Service, I have resided at _____
 and my occupation has been *Laboring* Before my entry into the Service aforesaid I was of
 good, sound physical health, being at enrollment a *Farmer* and I
 am *greatly* disabled from obtaining my subsistence by manual labor by reason
 of my disabilities above stated, received in the Service of the United States; and I make this Declaration for the
 purpose of receiving an *Original* Invalid Pension of the United States. I hereby appoint and
 empower, with full power of substitution,

J. W. FLENNER & CO., of WASHINGTON, D. C.,

my true and lawful Attorneys to prosecute my claim. My Post-Office address is _____

Gumborough County of *Sussex* State of
Delaware

James P. Bowden
 (Claimant's Signature.)
Mark.

Attest:
 Two Witnesses.

E. H. Lyre
John W. Hickman

Also personally appeared Ebenezer H. Dyer residing
at Georgetown and John W. Hickman residing
at Gumtoto persons whom I certify to be respectable and entitled to credit,
and who, being by me first duly sworn according to law, say they were present and saw James P. Bowden
the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe,
from the appearance of said claimant and their acquaintance with him, that he is the identical person he represents
himself to be; and that they have no interest in this claim for Pension.

Signatures of Witnesses.

Ebenezer H. Dyer
John W. Hickman

Sworn to and Subscribed before me this 11 day of June A. D. 18 86

The contents of the foregoing Declaration were fully made known and explained to claimant and
witnesses before swearing, including the words

[SEAL.]

erased, and the words added; and I have
no interest in this claim for Pension.

J. S. Adams
(Signature.)
Not Sec of Sup. Court
(Official Character.)
Adams

INVALID

CLAIM FOR

Original

PENSION.

James P. Bowden
Private, Co. 16th Reg't.
4th Inf., Vols.



FILED BY

J. W. FLENNER & CO.,

CLAIMANT'S ATTORNEYS,

WASHINGTON, D. C.

ORIGINAL INVALID CLAIM.

464203
Soldier,

P. O.,

County,

State,

Rates, \$

James P. Bowden

Millsborough

Sussex

Del

Rank,

Company,

Regiment,

Private

"K"

6" Del. vol. Inf.

per month, commencing June 28, 1886

Pensioned for

Name,

P. O.,

RECOGNIZED ATTORNEY.

Fee, \$ 25.00

Agent

to pay.

Articles filed

June 28

1886

APPROVALS.

Approved for

Submitted

Dysentery & sunstroke

for Ad. Jan. 13, 1890;

J. A. Scott

Examiner.

Approved for

chronic diarrhoea and
Sunstroke. Piles found on
examination and disease of head
shown since discharge referred to
Med. Ref. as results.

Approved for

chronic diarrhoea &
resulting piles, & headache
& vertigo result of sunstroke.

Jan 18. 90

Thorn

Legal Reviewer.

, 188

, Re-Reviewer.

Pierce

Med. Ex'r,

77

Med. Reviewer,

1-27, 1890

The Diagram

Med. Referee.

IMPORTANT DATES

Enlisted,

November 20, 1862

No other service from

Mustered

, 18

18

, to

, 18

, in

Discharged

August 23, 1863

Declaration filed

June 28, 1886

Not in service since

August 23, 1863

BASIS OF CLAIM.

See Declaration
Alleges in Declaration filed June 28/86, that he contracted
dysentery at Fort Delaware Augt 10/63, & incurred sun stroke
& measles at said place Augt 15/63. States in affidavit filed
April 13/87, that he contracted measles & diarrhoea at Fort Delaware
Del, Augt 10/63, and incurred sun stroke,

Signs by X M. M. C.

Brief for Reduction, Dropping, or Continuance.

Claimant,

P. O.,

County,

State,

Rate, \$

per month, commencing

Rank,

Company,

Regiment,

Pensioned for

APPROVALS.

Approved for

Submitted

dropping
Aug 17, 1891; *Charles A. Hughes*, Examiner.

Approved for—

Dropping.
Claimant not in Service
90 days and therefore
has no title under act
June 27. 90.
Aug 8. 91.

Legal Reviewer.
18; *Re-Reviewer.*

Pensioned from

July 9, 1890; for *diarrhoea, piles, headache,*
vertigo, results of sunstroke & disease of heart.

Last paid to

18; at \$ *10*

Approved for—

Med. Ex., *Med. Reviewer.*

18; *Med. Referee.*

BASIS OF PRESENT ACTION.

Chief of ~~Special Examination~~ Division recommends

dropping as above

12-19-, 1891;

Chief of Special Examination Division.

After legal notice, the above action is

adhered to

12-19-, 1891.

INVALID PENSION

REISSUE TO ALLOW ADDITIONAL DISABILITY. *restoration*

Pensioner, *James P. Bowden*
P. O., *Laurel*
County, *Fussell*
State, *Ill.*
Rank, *Priv*
Company, *1*
Regiment, *6.401 Inf Inf*
Rate, \$ *12* per month, commencing *July 9 1890* Deduct

payments made under act of June 27 1890
Cancelled act of June 27 1890
Ch. diarrhea & resulting piles &
headache & vertigo results of

Pensioned for *restoration*
RECOGNIZED ATTORNEY. *sunstroke*
Name, *[Signature]* Fee, \$ _____; Agent _____ to pay.
P. O., _____ Articles filed _____, 18 ____

APPROVALS.

Approved for *restoration* *old law*
Submitted *Aug 31*, 18*91*; *Paul Hughes*, Examiner.

Approved for *Restoration under*
old law act of June 27 1890, from
July 9 1890 to Ch. diarrhea & resulting
headache and vertigo results of sunstroke
Deduct payments made
under said act under
act June 27 1890.

Paul Hughes, Legal Reviewer. *Hayes A.*, Med. Ex'r. *McCoy*, Med. Reviewer.
Sep 8, 18*91*, Re-Reviewer. *Oct 5*, 18*91*, Med. Referee.

HISTORY OF CLAIMS AND FORMER ACTION.

Discharged *Aug 23*, 18*63* Last paid to _____, at \$ *10*
Pensioned from *June 28*, 18*86*, at \$ *8*, for *diarrhoea, resulting*
piles, headache, vertigo results of sunstroke!

Original declaration filed *Jan 28*, 18*86*; alleged *same as above.*

Oct Jan 21 1891
Declaration filed *July 9*, 18*91*, alleged *same as above*

Arrears allowed from _____, 18 ____ , to _____, 18 ____

PRESENT CLAIM.

Declaration filed _____, 18 ____ , _____

BUREAU OF PENSIONS

May 1, 1926

W.O. No. 1242187

Soldier, Bowden

Co. , Reg't

When Certificate is issued, return
papers to Widows

Division for action on

Rejection of widows
claims

Restoration INVALID PENSION

Claimant, James P. Bowden
P.O., Laurel Rank, Priv
County, Sussex Company, R
State, Del Regiment, 6th Del Vol Inf

Rate, \$ _____ per month, commencing _____

Disabled by _____

RECOGNIZED ATTORNEY:

Name, _____ Fee \$ _____, Agent _____ to pay.
P.O., _____ Articles filed _____, 18 _____

APPROVALS:

Submitted for Feb 19, 1892 L. A. Cowman, Examiner.

Approved for restoration for chronic resulting piles, diarrhoea & resulting piles vertigo, resulting in headache & vertigo result under "old law" of 1890 of amputation from Sept. 11, 1891 date when last paid under said act ack June 28, 1890 = No Inc July 23 1892 Legal Reviewer. Apr 11, 1892 Medical Referee.

Discharged Aug 23, 1863 Last paid to Sept 4, 1891, at \$ 40

Pensioned from June 28, 1886, at \$ 8, for chronic piles headache vertigo res of amputation

Original declaration filed Jan 28, 1886, alleged diarrhoea & effects of amputation pension under old law terminated July 8 - 1890

Pensioned under "act June 27/90" at \$10 from July 9-90. dropped by letter Jan 4-1892

Arrears allowed from _____, 18 _____, to _____, 18 _____, at \$ _____

PRESENT CLAIM.

Declaration filed _____, 18 _____ Chn diarrhoea piles headache & vertigo res of amputation see slip attached No Mc sign by mark

Restoration

INVALID PENSION.

Claimant,

P.O.,

County,

State,

Rank,

Company,

Regiment,

Rate, \$

per month, commencing

Disabled by

RECOGNIZED ATTORNEY:

Name,

Fee \$

Agent

to pay.

P.O.,

Articles filed

18

APPROVALS:

Submitted for

1890.

Approved for

Approved for

Examiner.

restoration for chronic diarrhoea and resulting piles, and headache and vertigo, result of sunstroke under "old law" ch. No. 469, 202, from July 9, 1890, date when dropped. The pension claim pending was allowed on this issue from July 9, 1890 to Sept. 3, 1891, inclusive May 4, 1892.

restoration for chronic diarrhoea and resulting piles, and headache & vertigo result of sunstroke. 8/8.

May 25th, 1892,

Medical Referee.

Discharged

1863

Last paid to

Sept 4 1891, at \$

Pensioned from

June 28, 1886

at \$ 8

for

Original declaration filed

Jan 28, 1886

alleged

diarrhoea & effects of sunstroke of measles pension under old law terminated July 8/90.

Pensioned under act June 27/90. at \$10 from July 9-90 dropped by letter Jan 4/92.

Arrears allowed from

18

to

18

at \$

PRESENT CLAIM.

Declaration filed

18

see slip attached, 18
vertigo res of sunstroke
No Me

Chronic diarrhoea & effects of sunstroke
resulting in piles
rigors by mark

Act June 27, 1890

DECLARATION FOR INCREASE OF AN ~~INVALID~~ PENSION.

State of Delaware County of Sussex SS:

ON THIS 24th day of August A. D. one thousand eight hundred and ninety one personally appeared before me, the undersigned, duly authorized to administer oaths within and for the County and State aforesaid James P. Borden
Your full name.

aged 48 years, who being duly sworn according to law, declares that he is a pensioner of the United States, duly enrolled at the rate of 10 dollars per month, under Pension Certificate

No. 464202 by reason of disability incurred in the service of the United States, while serving Late in Company "K" of the 6th. Regiment of Del.
Here state your rank, company, number or name of regiment and State to which it belonged.

Inf. Volunteers, for the following disability Chronic diarr-
hosa and resulting piles headache and Here state your disability or disabilities as
you find same written in your Pension certificate. nerve results of brain stroke & disease
of heart

That he believes himself entitled to an increase, by reason of his present physical condition, and the low rate of pension which he receives therefor.

Back ache & Kidney trouble
If the disability for which you now draw a pension has resulted in any other affection or disease, please fill in same.

Have you other disabilities incurred in the service? If so state same here.

under Act June 27-1890

That this application is made for the purpose of having his pension increased, as warranted by the severity of his disability, at the rate to which the extent of his disability entitles him.

That he hereby appoints, with full power of substitution and revocation,

J. W. FLENNER, of WASHINGTON, D. C.,

his true and lawful attorney, to prosecute his claim.

His Post Office address is Laurel County of Sussex

State of Delaware

James E. Pusey
Signature of Claimant.

Joseph B. Betts

his
James P. Borden
Witness

Two persons who can write sign here.

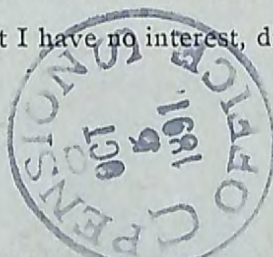
Also personally appeared James E. Pusey residing at
Wm. Land Bank Co. Delaware and Joseph B. Betts
residing at Mills Bros. Bank Co. Delaware, persons whom I certify to be
respectable and entitled to credit, who, being duly sworn, say they were present, and saw the claimant
sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe,
from the appearance of said claimant, and their acquaintance with him, that he is the identical person he
represents himself to be, and that they have no interest in the prosecution of this claim.

If witnesses sign by mark, two persons who can write sign here.

James E. Pusey
Joseph B. Betts
Signature of witnesses.

Sworn to and subscribed before me this 24th day of August A. D. 1891; and I hereby
certify that the contents of the above declaration, &c., were fully made known and explained to the
applicant and witnesses before swearing, including the words _____
erased; and the words _____
added; and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]



Dennis B. Morris
Signature.
Notary Public
Official character.

IMPORTANT NOTICE This declaration may be EXECUTED before any one,
authorized to administer oaths, and having a seal, or who has a certificate of his official char-
acter on file in the Pension Office, or furnishes one herewith.

ATTORNEY,
WASHINGTON, D. C.

J. W. FLENNER,

FILED BY

APPLICATION FOR
INCREASE OF PENSION.

James P. Borden
Co. "H" 6th. Reg't.
Del. Inf't. Vols.

INVALID.

Certificate No. 464202

Oct June 27-90

ORIGINAL.

(FOR A BOARD.)

Claim No. 578,338.

Name of the claimant,

James Bowden

Rank,

Pri

Company,

K.

Regiment,

6 Del. Val.

Post-office address,

Germantown Del.

ADDRESS OF THE BOARD:

Post office,

Dover

County,

Kris

State,

Del.

Date of examination,

Aug 23, 1886

WE HEREBY CERTIFY that in compliance with the requirements of the law* we have carefully examined this applicant, who claims that while in the service of the United States at or near a place named Fort Delaware, and while in line of duty, on or about the 10

Cause of disability.

day of Aug, 1886, he incurred Dysentery Mucosa
and result of same stroke.

Degree of disability.

and that in consequence thereof he is disabled for earning his subsistence by manual labor

His pulse-rate is 82 per minute; his respiration 20; his temperature _____; his height is 6 feet and _____ inches; he weighs 160 pounds, and states that he is 43 years of age.

Touching the cause and degree of the disability for which he claims a pension, he makes the following

Here give the statement of the claimant fully, but as compactly as possible.

statement: Claimant says in Nov. of Aug. 1883
he contracted mucus followed by dysentery
of a few days before he was sent to the
hospital he had seen stroke and
after falling he was unconscious 1/2 hour
He complains with departing alternating
with constipation followed by weakness
and pain in the stomach from which
he suffers the greater part of the time
during summer months. He also complains
with head ache & dizziness. He cannot work
in the hot sun.

Here give a full symptom picture of the case, embracing all the physical and rational signs, but confining it to the present condition of the claimant.

The examination reveals the following objective facts in support of his statements: Skin
normal tongue very red,
The stomach & bowels very tympanitic
The enlarged liver section
constipated & some times they bleed very
slightly; he has 2 or 3 internal piles
discharges watery & mucous some times mixed
with blood. He complains with indigestion
All the organs of special sense are normal,
Heart normal, lungs normal,

SUBJECTIVE SYMPTOMS.

OBJECTIVE SYMPTOMS.

This man has chronic dysentery & piles resulting from it
for which we rate him 1/2 total

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, _____ probable that the disability was incurred in the service as he claims, and that it has

not been aggravated or prolonged by vicious habits. He is, in our opinion, entitled to a 1/2 Total

rating for the disability caused by Dysentery & results, _____ for that caused

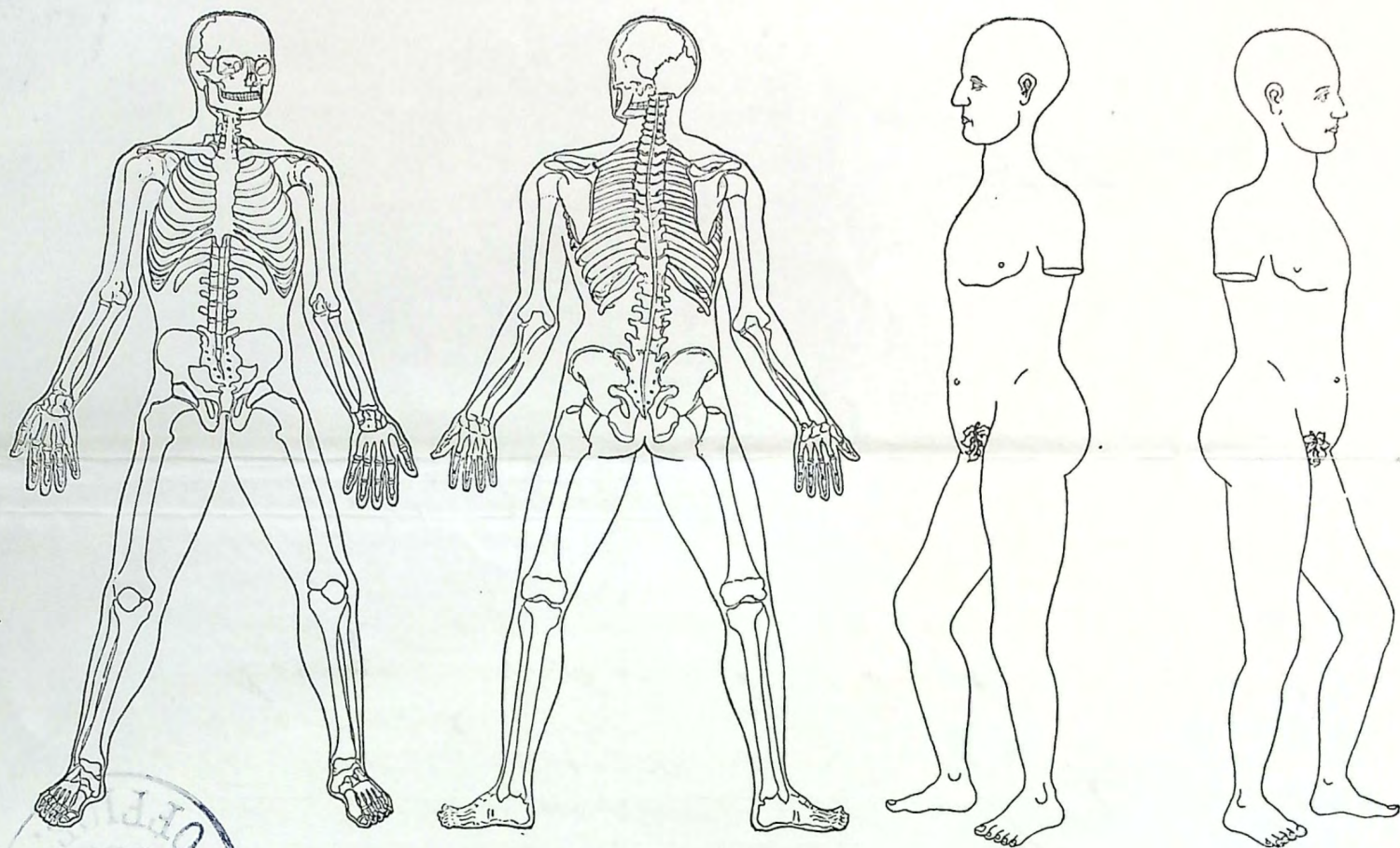
by _____ and _____ for that caused by _____,

the sum of which aggregates _____

* See the back.

Here give rating for each cause of disability, and state the aggregate.

Abstract
A. B. Smith, Pres.,
J. P. Jones, Sec'y,
J. P. Jones, Treas., } BOARD.



did not the President of Board
 sign this certificate, Each organ of special
 sense should be named & the condition of

the same stated separately; Please name
 the results of disorder for which you rate, It
 is desired to have a rating for each
 every disability found,

J. N. O.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full
 description of the physical condition of the claimant at the time, which shall include all the physical and rational signs
 and a statement of all the structural changes. [Extract from Section 4, Act of Congress approved July 25, 1882.]



Application for Pension.

No. 578358

Date of examination: Aug 25/86
 S. H. Bishop
 Examining Surgeon.

Post office, Doon
 County, Kent
 State, Ind

P. S.—Write your Post-office address plain and in full.

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim. *578,358*
Pension Claim No. *578,358*
Name and rank of claimant. *James P. Bowden*, Rank, *Priv*
Company *K*, Reg't *6*, *Del. Vol.*, *Down Del.* State, *Del.*
Claimant's post office address. *Sum borough, Sussex Co.* (Post office address of the Board.)
Nov 20, 188*9*. (Date of examination.)

We hereby certify that in compliance with the requirements of the law* we have carefully examined this applicant, who states that he is suffering from the following disability, incurred in the service, viz:

Cause of disability. *Dysentery and effects of sun stroke*

If a pensioner, fill in the amount; if not, erase the whole line.
and that he receives a pension of _____ dollars per month.
Pulse rate per minute, *86*; respiration, *18*; temperature, *99.2*; height, *6* feet *0* inches; weight, *183* pounds; age, *45* years.

He makes the following statement upon which he bases his claim for *Orig: First head*
moules while at Ft. Del. Aug 10/863 followed by dysentery
which continued until end of term of service -
The sun stroke also came on in Aug 25/863 was
unconscious for 1 hour followed by severe pain in
head & dizziness - Since then he has
dyspepsia & dysentery & has 1 week in each
year has suffered from pain in head vertigo &
pulsation of throat when sun exposed to hot sun.
Upon examination we find the following objective conditions: *Tongue furred*
& red edges no indentation, skin & conjunctiva
normal pharynx congested no enlargement
of the follicles. Stomach & bowels tender
& tympanitic. Liver slightly enlarged
but not tender. Spleen normal. Rectum
congested & veins enlarged and one small
optional tumor 1/8 in in diameter but no
protruding or blood piles, nor prolapsus fissure
nor fistula in ano.

Here give the claimant's statement as briefly and as compactly as possible.

Here give a full symptom picture of the case, embracing all the physical and rational signs, but confining it to the present condition of the claimant.

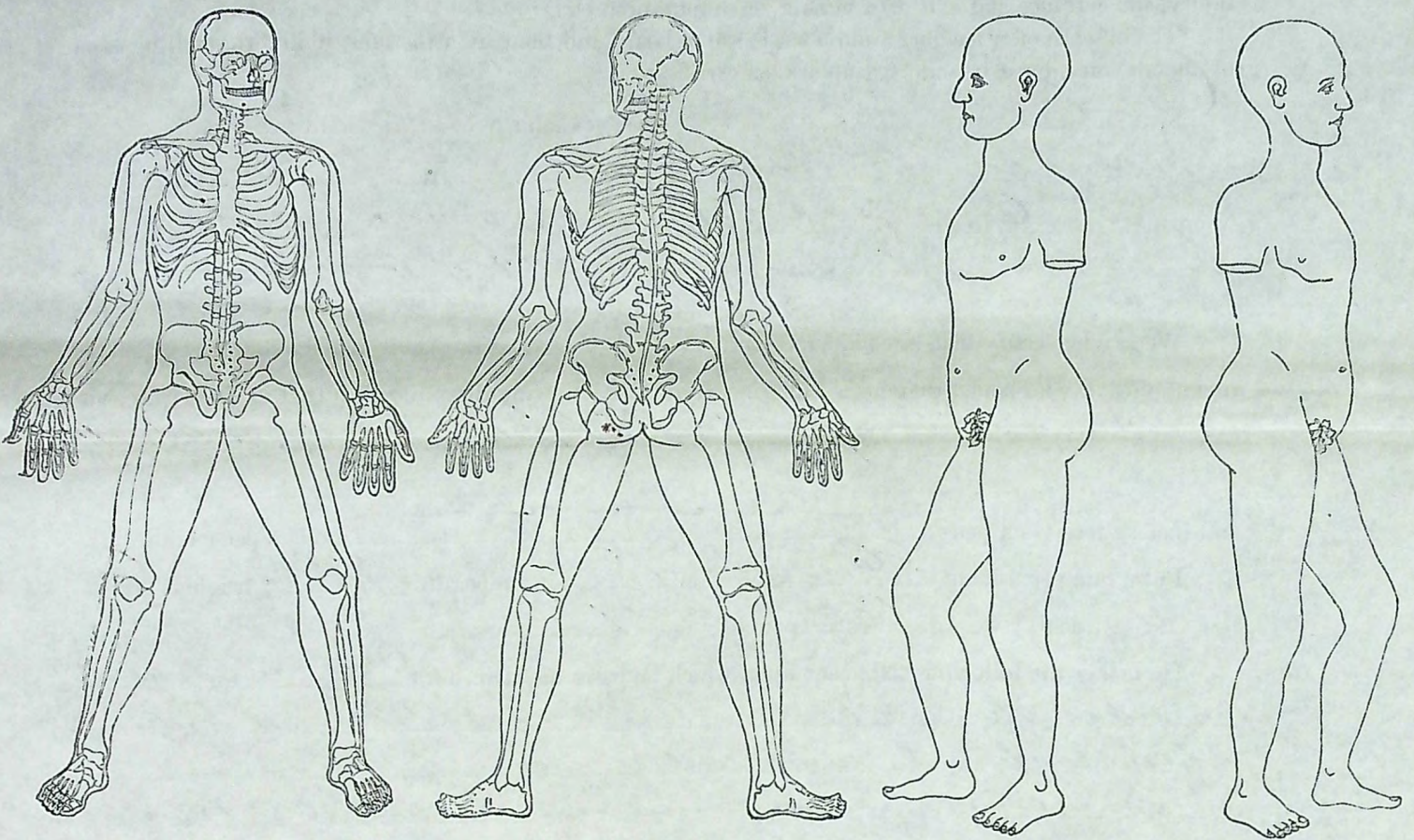
It must be borne in mind that the duty of the Surgeon is to give an opinion as to the proportionate degree of disability, as to total, &c., through the grades, without any regard to dollars and cents, and to make such a full particular description as will afford to this Office the ground for intelligent opinion and action in rating.

The chest, lungs and all other internal
organs healthy.
Vision impaired can read Snellen
test type J=8. at distance of
twenty feet no inflammation nor
enlargement of sclerotic. No granula-
tion of lids. Trochorum pterygium ectropion
nor entropion - all other parts of special sense
normal

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, _____ probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a *6/8* rating for the disability caused by *Dysentery*, *6/8* for that caused by *Sun stroke & effects* and _____ caused by _____

Rate for each cause of disability.
If prolonged by vicious habits, the word not should be erased and the reason for the erasure given.

* See the back.
† Here state whether for original, increase, restoration, or renewal, or for a re-rating.
J. Neilson, Pres. *A. B. Bingham*, Sec'y. *W. H. Davis*, Treas.



Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres," "Secy," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

SURGEON'S CERTIFICATE

IN CASE OF

James F. Davidson,
Col. 6 Regt. Ill. Inf.

Applicant for Discharge

No. 378,358,

DATE OF EXAMINATION:

Nov 20, 188*9*.

W. C. Williams, Pres.,
W. H. C. Smith, Secy.,
W. D. Smith, Treas.,

BOARD.

Post office, *Town*

County, *Chautauque*

State, *Ill.*

P. S.—Write your Post-office address plainly and in full.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Extract from Section 4, Act of Congress approved July 25, 1882.]

W. C.

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, &c.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim.

Name and rank of claimant.

Claimant's post-office address.

Pension Claim No. 464202

Rank, Private

Company M 6th Reg't Ill. Inf.

Reg't Ill. Inf.

Principalsville, Mo.

State, Mo.

[Post-office address of the Board.]

October 22nd

[Date of examination.]

1890

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred

Cause of disability.

in the service, viz: Chronic Diarrhoea & vomiting, piles, Headache & vertigo, result of Sunstroke.

If a pensioner, fill in the amount; if not, erase the whole line.

and that he receives a pension of Eight 181 dollars per month.

He makes the following statement upon which he bases his claim for Increase.

[Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible.

"In August 1863 I received a Sunstroke at Ft. Delaware. Before that I had measles abt 10th Sept. At that time I was taken with Diarrhoea & have had it ever since & have fever in my lower bowels. I cannot do a day's work on account of weakness & my head cannot stand sun. For 1st night I vomit. Some mornings I can hardly get out of bed on account of giddiness."

Upon examination we find the following objective conditions: Pulse rate, 88; respiration, 19; temperature, 98.5°; height, 6 feet 1 1/2 inches; weight, 167 pounds; age, 47 years.

Here give a full description of the disabilities, in accordance with pars. 5, 6, 51, 52, &c., of Book of Instructions for 1889

Tongue slightly furred & fissured. Mouth in good condition. Some tenderness on pressure over stomach. Good condition of muscles. Liver & spleen normal. Some tenderness in left iliac region. Abdomen has several white spots on chest & trunk.

Rectum slightly inflamed with evidences of old ulcerations. No hemorrhoids now.

Heart sounds weak & intermittent irregularly & faintly, very feeble heart action.

Pulse rate, sitting 84.
" " standing 88.

Heart slightly dilated, with some cyanosis.

Lungs normal. No cerebro-spinal

symptoms.

Rate for EACH cause of disability.

He is, in our opinion, entitled to a 2/8 rating for the disability caused by Chronic Diarrhoea, 8/8 for that caused by Dilated Heart, and _____ for that caused by _____

W. D. Ashbell, Pres. J. H. Anderson, Sec'y. Chas. H. Wainwright, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.



SURGEON'S CERTIFICATE

IN CASE OF

JAMES J. Borden

Co. K, 6 Reg't Inf.

Applicant for Increase

No. 464202

DATE OF EXAMINATION:

October 22, 1890.

Richard D. Smith, Pres.,
William D. Smith, Sec'y,
John W. Smith, Treas.,
BOARD.

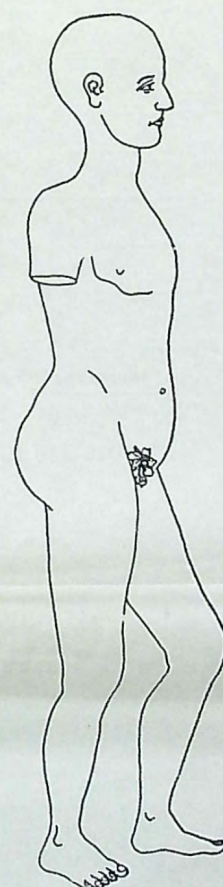
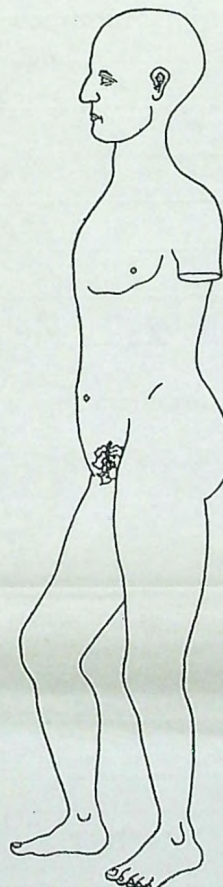
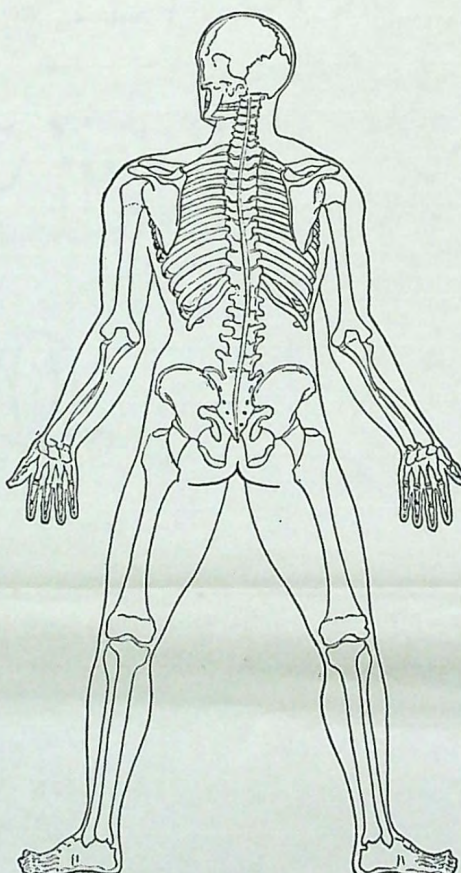
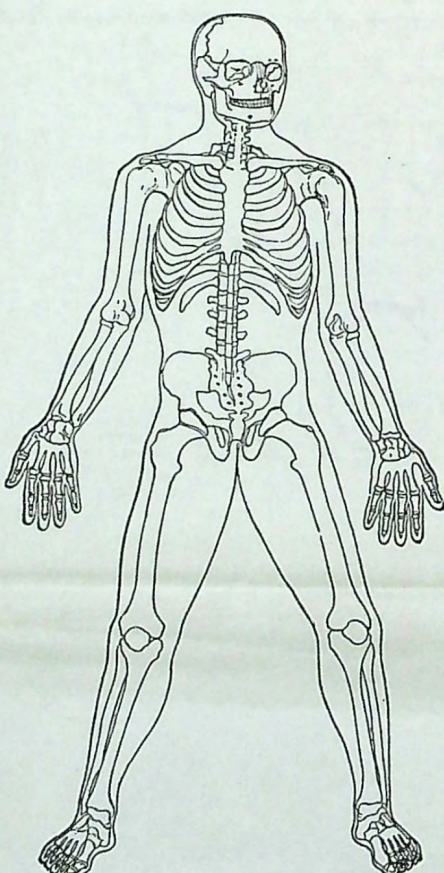
Post office, *Prince George*

County, *Prince George*

State, *Maryland*

P. S.—Write your Post-office address plainly and in full.

Jace



Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Extract from Section 4, Act of Congress approved July 25, 1882.]

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, &c.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim.

Name and rank of claimant.

Claimant's post-office address.

[State above whether for original, increase, or restoration.]

Pension Claim No.

Rank,

Company

Reg't

[Post-office address of the Board]

State,

[Date of examination.]

We hereby certify that in compliance with the requirements of the law we have carefully

examined this applicant, who states that he is suffering from the following disability, incurred

Cause of disability.

in the service, viz:

Chr. diarrhoea Piles Hemorrhoids Vertigo and disease of heart.

If pensioner, fill in the amount; if not, erase the whole line.

and that he receives a pension of

Eight (\$8.00)

dollars per month.

He makes the following statement upon which he bases his claim for

[Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible.

was lost by an accident by the down fall, in summer 1869 Russian disabilities Chr. diarrhoea & vertigo have both he claims grown worse and the piles have gathered 2 or 3 times the last time he says he had a fistula in ano formed.

He claims to have pain & polypoid condition & difficulty of breathing it first came on 1863, & he suffers often very severe vertigo. Has lost half his time, & 72

Upon examination we find the following objective conditions: Pulse rate,

respiration, *18*; temperature, *98.4*; height, *5* feet *1* inches; weight, *164* pounds; age, *49* years. *Language Clear Skin and*

Here give a full description of the disabilities, in accordance with Book of Instructions.

Conjunctiva. Pharynx & larynx both normal. Vision also normal can

read Snellen test type 5 in both eyes. Stomach & bowels are both tender and

tympantic, result of indigestion. He has 3 or 4 severe attacks each & every

year, lasting 3 to 5 weeks. His rate diarrhoea

at four falls per mo. The liver & spleen

normal, we do not find any tumor protruding

or blood no fistula in ano or other disease

of rectum as ascertained, rectum appears normal.

The heart apex beat diffused & area of

percussion dullness extended. The apex beat

felt in center space & also in median line result

of slight hypertrophy no murmur or other disease.

we rate disease of heart 4 six dollars a mo.

The lungs normal Clear & resonant.

The vertigo & vomiting diarrhoea he says come on

at fort Delaware May 10th 1863, result of a stroke

since then he suffers much with diarrhoea & diggers when much

exposed to hot sun while his vision is weak we thought

if due to this cause we. He is, in our opinion, entitled to a

rating for the disability caused by diarrhoea & effects 6 for that caused

by disease of heart 4, and 4 for that caused by vertigo

diarrhoea - and 8 by Rheumatism & effects

J. Wilson, Pres. L. H. Bishop, Sec'y. W. J. Davis, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.

Therefore rate her by results of four
dollars per month. Rheumatism
in both shoulders and left knee
no swelling enlargement or effusion.
motion of them is crepitant &
slight stiffness about the joints
normal. He also has numbness
& stiff tender thigh muscles
all other muscles joints & tendons
except as above described normal
we therefore rate of four dollars
per month. no other disease
found to exist - Claimant is
disqualified for manual labor
one half of his time



SURGEON'S CERTIFICATE

IN CASE OF
Alfred B. Bowden
Cd. H. C. Reg't

Applicant for additional

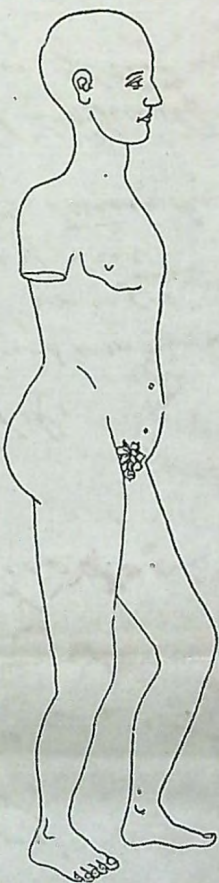
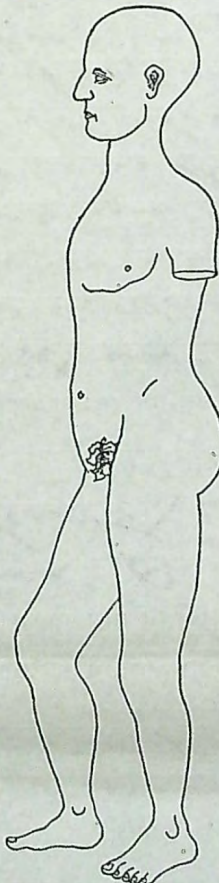
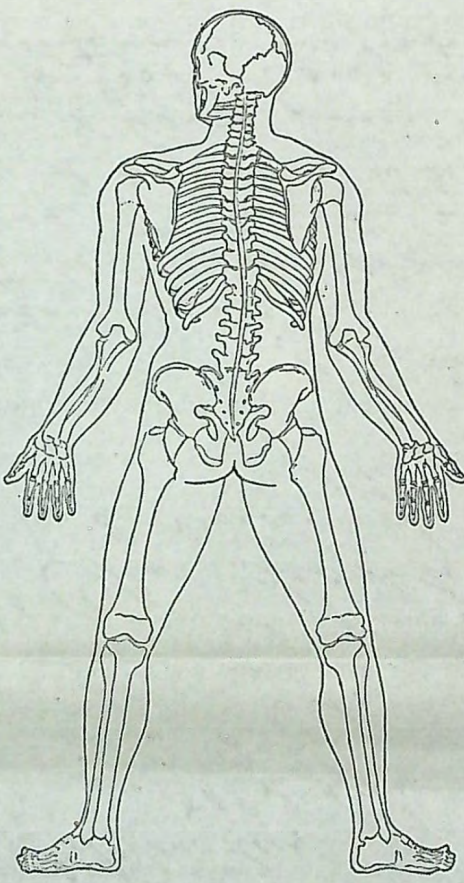
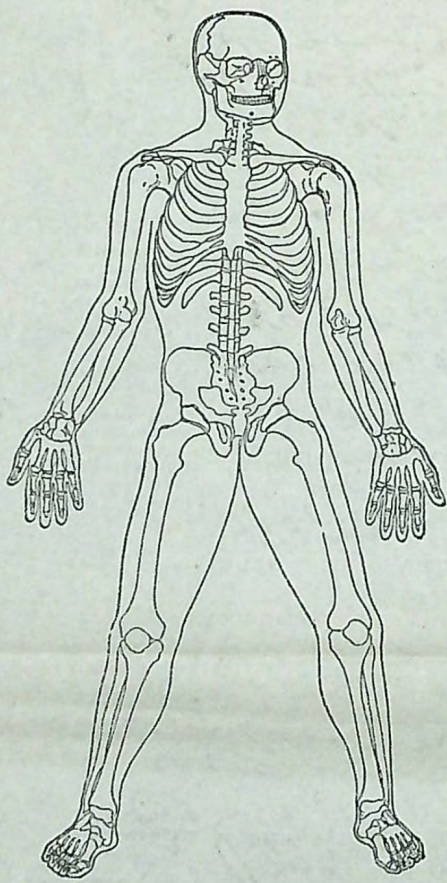
No. *464,202*
DATE OF EXAMINATION:
Oct 26, 189*2*

BOARD.
E. Wilson, Pres.,
A. H. Dwyer, Sec'y,
W. J. Davis, Treas.,

Post office, *Waverly*
County, *Kent*
State, *Ind*

P. S.—Write your Post-office address plainly and in full

Randall



Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Extract from Section 4, Act of Congress approved July 25, 1882.]

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Name of claimant.

Claimant's post-office address.

Cause of disability.

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the origin of his disabilities and the manner in which they affect him.

Pension Claim No.

Address of Board.

P. O.

State.

[Date of examination.]

1897

He receives a pension of Eight dollars per month.He makes the following statement upon which he bases his claim for increase

[Original, increase, restoration, etc.]

increase
Has diarrhea in both summer and winter, has the piles
with bloody discharges, is often dizzy and faint, has some
headache, got a sunstroke

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, which should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

We hereby certify that upon examination we find the following objective conditions:

Pulse rate, 70 84. 94, respiration, 18 20. 24, temperature, 98.6,
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]height, 5 feet 1 inches; actual weight, 200 pounds; age, 55 years.

Here give a full description of the disabilities, in accordance with Book of Instructions.

Diarrhea: flux abundant, liver and spleen
normal, tongue coated & fissured & swollen.
Skin fairly good, eyes not clear, rating none.

Piles: Has two piles one on each side, some on
external part of rectum, rectum engorged &
tender, no ulceration no hemorrhoids, no
protrusion. Size of piles about that of rubber seg.
rating from eight months

Heart: Satisfactory, (reflexes normal no evidence
of sunstroke no paralysis) no rating

General debility - teeth nearly gone, has
braces, is plainly looking & about signs of
debility. Rating from eight months

No sign of microscopical
or other disability found to exist.

The actual or probable origin of every existing disability must be fully set forth.

Whenever a disability is shown or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

Each disability must be rated separately, the act of Congress of March 2, 1895, requiring "that the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is entitled to."

When rates are recommended solely on subjective evidence the strongest reasons must be given therefor.

W. L. Linton, Pres. L. M. Cahall, Sec'y. W. R. McKinnis, Treas.

N. B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When additional space is needed to complete report of examination use blank certificate (3-111 g) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

(This certificate to be filled in and signed by the secretary when the full board is present.)
 "I hereby certify that Dr. E. R. Layton, Dr. L. M. Cahall, and
 Dr. Wm. R. Meacham, were personally present and actually participated in the
 examination of James J. Bowden, the claimant in this case, on 5 day
 of April, 1899."
 (Signature.) L. M. Cahall

(This certificate to be filled in by the member of the board acting as secretary, and signed by the
 applicant, when a full board is not present.)

"I, _____, the applicant for (increase or original) pension referred
 to in this medical certificate, hereby consent to be examined by Dr. _____ and
 Dr. _____, the examining surgeons here present (waiving examination by
 full board), on this _____ day of _____, 18 ____."
 (Signature.) _____

PENSION DIV.
 APR 14 1899
 RECEIVED.

SURGEON'S CERTIFICATE

IN CASE OF

James J. Bowden
Co. G, 6 Reg't 1st Col Inf

APPLICANT FOR Discharge

No. 464202

DATE OF EXAMINATION:

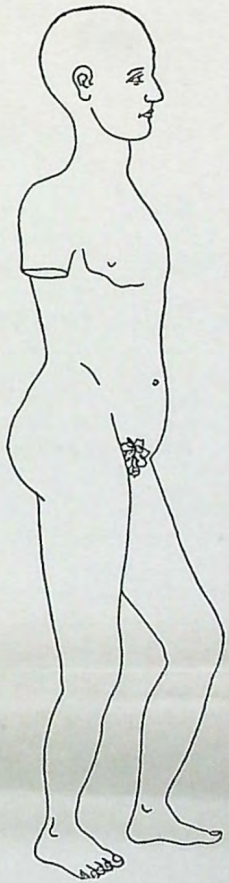
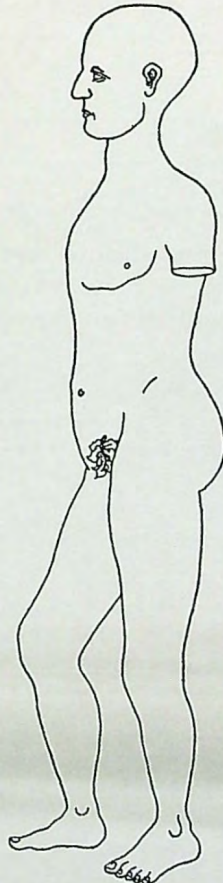
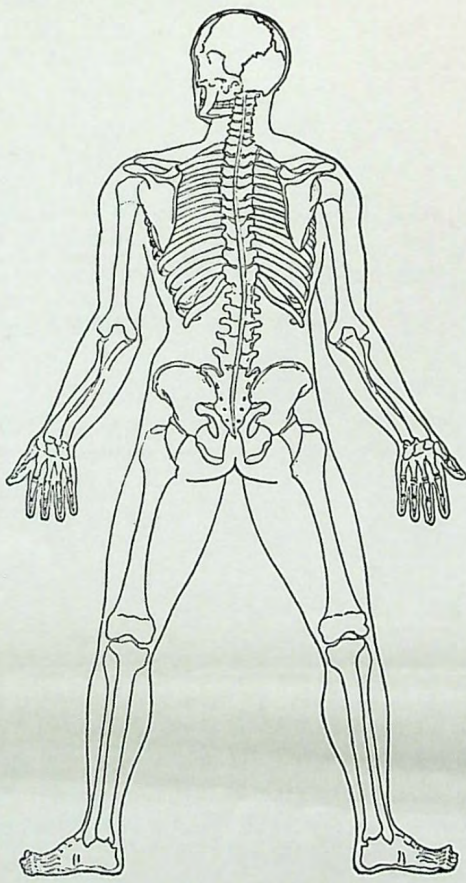
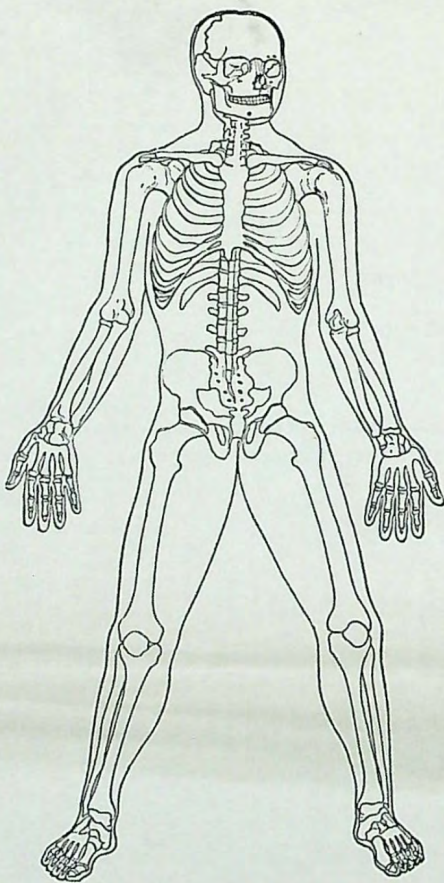
April 5, 1899

E. R. Layton, Pres.,
L. M. Cahall, Sec'y,
Wm. R. Meacham, Treas.,
 BOARD.

Post office, Georgetown
 County, Sanchez
 State, Salvador

P. S.—Write your Post-office address plainly and in full.

White



Single surgeons will use this blank, changing "we" to read "I." They will erase the words
 "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the
 certificate, and also on the back of the same.

"All examinations shall be thorough and searching, and the certificate contain a full
 description of the physical condition of the claimant at the time, which shall include all the
 physical and rational signs and a statement of all the structural changes." [Extract from Sec-
 tion 4, Act of Congress approved July 25, 1882.]

No.

578,358

NAME OF CLAIMANT,

James P. Bowden

NAME OF SOLDIER,

James

Co. K 6th, Reg't 2nd Vol Inf

VI

to wear but my
husband is gone out of
his suffering.

Yours

Mrs Mary M. Bonden
Seaford Dela
Route 1. Box 126



V

and the whole union
he found barely the story
as told me of the story
that he has gone with
out a drink of water
or a mouthful of food
and when he did ~~take~~
it it was old standing
water or old hard bread
for he did his duty he
found for his country
thank you if you
do not help me I will
have to go without
food and some things

War Department,

ADJUTANT GENERAL'S OFFICE,

578,358

Washington, Dec 31, 1886.

Respectfully returned to the Commissioner of Pensions.

James P. Bowden, a priv. of Company "E",
6 Regiment Del. Inf. Volunteers, was enrolled on the

20 day of Nov. 1862, at Gummers, for 9 mos,
and is reported: Mustered out with the Co. at
Wilmington, Del., Aug. 22/63. No other
A.M. rolls of this Co. on file in this office.
No returns on file.

The records of this office furnish no
evidence of disability.

R. B. Sprun
G. W. P.

R. B. Sprun
Assistant Adjutant General.
(2.)
J. J. J.

182
16

334510

3-464 aa.

East.

Div., A. L. W., Ex'r.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C. Jan. 18, 1899.

Respectfully referred to the Chief of the
Record and Pension Office, War Department,
requesting a full military and medical his-
tory of the soldier during his service
in the War of the Rebellion.

No other report on file.

Let. No. 464202.

Name, James P. Bowden,
Co. H, 6th Reg't Del. Vol. Inf.

Wm. J. Brown

Commissioner.

Record and Pension Office,

WAR DEPARTMENT,

Washington,

Respectfully returned to the

Commissioner of Pensions,

with the information that in the case of
James P. Bowden, Co. H
6th Del. Inf. (also known as
Capt. Adkins' Co. temporarily
attached to 5th Del. Inf.) military
records furnish the following
information additional
to that contained in report
of Dec. 31/88.

"This man is not con-
sidered by this Depart-
ment to have been in the
service of the U. S. prior
to Jan. 27/63, the date
from which the roll
shows pay due."

Name James P. Bow-
den not found.

The medical records show him treated as fol-
lowing: Jas. P. Bowden, Co.
H, 6th Del. Inf., Aug. 9, 63.
(no diagnosis). Aug.
63, Leola.
Nothing additional found.

EAST. D.
JAN 21 1899
RECEIVED

PENSION
U. S.
JAN 21 1899
OFFICE

BY AUTHORITY OF THE SECRETARY OF WAR:

H. J. Brown

Colonel, U. S. Army

per

AFFIDAVIT FOR NEIGHBORS' AND GENERAL PURPOSE.

STATE OF Delaware COUNTY OF Surry SS

In the matter of Juanita person claim No 578358
of James P. Bonden wid-w C. K. - 6th Regt Del Vol

ON THIS 31st day of December A. D., 1886, personally appeared before me
A Notary Public in and for the aforesaid county, duly authorized to administer oaths
Nathaniel H. Phillips aged 55 years, a resident of Missouri
aged _____ years, a resident of _____

well known to me to be reputable and entitled to credit, and who being duly sworn, declare in relation to aforesaid case, as follows:

This deponent says he is well and intimately
acquainted with one James P. Bonden. I have known a
sound and healthy man - prior to enlistment - After the
late James P. Bonden was discharged and while at home
from the Army - I found him suffering badly
with a long term attack of dysentery - and Portigo's
head - and Portigo being the result of a gunshot wound
by one James P. Bonden while in the Army. I know the fact
from personal observation - while in the Army - and have seen
with his head - since his discharge - he has worked with me - and I
know the fact that he is not more than 1/3 of a man for
in consequence of his bowels - and head - he cannot work in the
sun - or when located in a corner of his head - and cannot
work a fair day with an account of the constant pain on
his bowels - from my knowledge - having got rid of the
dysentery - contracted while in the Army - with the
line of his body - and without any further of his

My Post Office address is Missouri County, Missouri
I further declare that I have no interest in said case, and am not concerned in his

prosecution.

Nathaniel H. Phillips

(Affiant's Signature.)

John W. Lytton
John W. Lytton
(If Affiants sign by mark, two persons who can write sign here.)

IMPORTANT.—If testimony is given as to physical condition of claimant, it should be stated how long you have known him. If before his enlistment was he sound and free from his present disability; and what his physical condition was when you first saw him after his discharge; what he complains of, and about to what extent (1/4, 1/2, 3/4, or how much it has disabled him yearly during your knowledge of his case; also state how you know the fact to which you testify.

Sworn to and subscribed before me this day by the above named affiant; and I certify that I read said affidavit to said affiant and acquainted him with its contents before he executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me, and that he is a credible person.

.....credible person.

Samuel W. Layton
.....
(Official Signature.)

Notary Public
.....
(Official Character.)

I, _____ Clerk of the County Court, in and for aforesaid County and State, do certify that _____ Esq., who hath signed his name to the foregoing affidavit, was at the time of so doing _____ in and for said County and State, duly commissioned and sworn; that all official acts are entitled to full faith and credit, and that his signature thereto is genuine.

Witness my hand and seal of office, this..... day of..... 188

Clerk of the

NOTE.—This should be sworn to before a *Clerk of Court, Notary Public, or Justice of the Peace*. If before a *Justice or Notary*, then *Clerk of County Court* must add his certificate of character on the back before, and not on a separate slip of paper.

ADDITIONAL TESTIMONY.

In Claim of

The Cause of
James P. Burden

12-6-62

Orig. De 1887

No. 5178-3918

FINISHED BY

J. W. FLENNER & Co.,

Attorney:

WASHINGTON, D. C.

JAMES P. BOWDEN,

SEAFORD DEL

464202

ACT MAY

R R 1

3-1081

DROP REPORT—PENSIONER

Cert. No. _____

Pensioner _____

Soldier _____

Service _____

Class _____

SECTION 1

LAW DIVISION

_____, 192

In the above-described case a declaration filed in this Division indicates that said pensioner died

_____, 19_____

Per _____

Chief, Law Division.

FINANCE DIVISION

MAY 9 - 1925

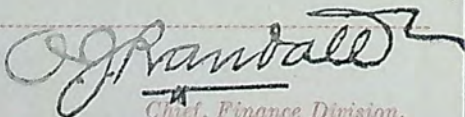
_____, 192

The name of the above-described pensioner who was last paid at the rate of \$ 50 per month

to APR 4 - 1925, 19_____, has this day

been dropped from the roll because of Death

Apr. 24, 1925



Chief, Finance Division.

Washington, D. C.

JAMES P. BOWDEN,

R.F.D.I.,

464202

JUNE 28-1892

SEAFORD, DEL.

Port. K 6" Del. V.I.

Chr. diarr - piles - headache
and Vertigo

1. Correct name at present?
2. Present address?
3. Name under which served?
4. Service?
5. Any prior or sub. service?
6. Date of enlistment?
7. Date of discharge?
8. Battles?
9. Hospital?
10. Where born?
11. Age at enlistment?
12. Name of Captain?
13. Names of Lieutenants?
14. Name of 1st Sergeant?
15. Certificate.
16. Compare date of issue.
17. When first applied for pension?
18. Name of wife?

19. Signature.

James P. Bowden
Witness Roman Thomas

I CERTIFY THAT I HAVE THIS DAY
PERSONALLY INTERVIEWED THE ABOVE
NAMED PENSIONER, AND I AM SATISFIED
THAT HE IS THE SOLDIER AND PENSIONER
THAT HE REPRESENTS HIMSELF TO BE.

H. F. Dean

Special Examiner.

Date.

Feb 18-1911

- 1 James P. Bowden
- 2 Scafeet Del
- 3 Same name
- 4 Co K 6th Del Inf
- 5 None
- 6 June 1862
- 7 Aug 23-1863
- 8 None
- 9 None
- 10 Sumter Co Del May 4-1844
- 11 Age at En 18
- 12 Capt Adams
- 13 1st Lt Greenburg White
- 14 2nd " Sumnerfield Mathew
- 15 1st Supt Cary
- 16 Certificate 464, 202 Sumner
- 17 Enlist Dec 3rd 1890
- 18 Before 1890 About 1886-7
- 19 I have been married
three times. First wife Mary Jane
Hutton died 40 years ago.
And Sarah E. Moore died in
1886 Present wife was Mary
M. Mitchell and we were
married this century 19 years
ago.

Height	5' 11"
Color,	Dark
Hair	Dark
Eyes	Blue

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS

WASHINGTON, D. C., January 2, 1915.

SIR: Please answer, at your earliest convenience, the questions enumerated below. The information is requested for future use, and it may be of great value to your widow or children. Use the inclosed envelope, which requires no stamp.

Very respectfully,

JAMES P. BOWDEN,
R. F. D. I,
464202 JUNE 28-1892
SEAFORD, DEL.

G. M. Sargent
U. S. MAY 21 1915 S. OFFICE. Commissioner.

- No. 1. Date and place of birth? Answer. *May 4, 1844 Gumboro Hundred, Sussex Co.*
The name of organizations in which you served? Answer. *Six Delaware Regiment, Company B.*
- No. 2. What was your post office at enlistment? Answer. *Gumboro, Dela.*
- No. 3. State your wife's full name and her maiden name. Answer. *Mary Margaret Bowden, Mitchell.*
- No. 4. When, where, and by whom were you married? Answer. *Gumboro Hundred
Rev. Webster.*
- No. 5. Is there any official or church record of your marriage? Answer. *No.*
If so, where? Answer.
- No. 6. Were you previously married? If so, state the name of your former wife, the date of the marriage, and the date and place of her death or divorce. If there was more than one previous marriage, let your answer include all former wives. Answer. *Yes!*
Sarah E. Married Aug 18, 1875 Died Sept 1, 1886
Lovey Jane. Married Feb 14, 1868 Died Nov 1872
- No. 7. If your present wife was married before her marriage to you, state the name of her former husband, the date of such marriage, and the date and place of his death or divorce, and state whether he ever rendered any military or naval service, and, if so, give name of the organization in which he served. If she was married more than once before her marriage to you, let your answer include all former husbands. Answer. *No.*
- No. 8. Are you now living with your wife, or has there been a separation? Answer. *Yes*
- No. 9. State the names and dates of birth of all your children, living or dead. Answer.
- | | |
|---------------------------|---------------------------|
| <i>Benjamin B. Bowden</i> | <i>Born Dec 4, 1868</i> |
| <i>William S. Bowden</i> | <i>" Aug 18, 1870</i> |
| <i>Lorenzo Bowden</i> | <i>" April 29, 1877</i> |
| <i>Isaac M. Bowden</i> | <i>April 15, 1879</i> |
| <i>George E. Bowden</i> | <i>April 23, 1882</i> |
| <i>Lemuel H. Bowden</i> | <i>Jan 9, 1886</i> |
| <i>Lucinda Bowden</i> | <i>Born April 6, 1894</i> |
| <i>Charles J. Bowden</i> | <i>" Dec 20, 1896</i> |
| <i>Lewis Bowden</i> | <i>July 23, 1906</i> |
| <i>Arcy O. Bowden</i> | <i>Aug 11, 1912</i> |
- Date *May 20, 1915*
- (Signature) *James P. X Bowden*
(Witness) *Mrs. B. B. Bowden*

PLACE OF DEATH

Certified Copy of a Certificate of DEATH FILED IN DELAWARE

County Sussex
Hundred Seaford
Village
or City

No. _____, _____ St.

FULL NAME

Geo. R. Broder

SEX <u>Male</u>	COLOR OR RACE <u>white</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>married</u>
DATE OF BIRTH <u>May 4 1844</u> (Month) (Day) (Year)		
AGE <u>80</u> yrs. <u>9</u> mos. <u>20</u> ds.		
OCCUPATION <u>Farmer</u>		

BIRTHPLACE
(State or Country)

Delaware

PARENTS

NAME OF FATHER <u>Isaac Broder</u>
BIRTHPLACE OF FATHER (State or country) <u>Delaware</u>
MAIDEN NAME OF MOTHER <u>Nancy Betts</u>
BIRTHPLACE OF MOTHER (State or country) <u>Delaware</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Isaac T Broder

(Address) Seaford Del

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH apl 24, 1925
(Month) (Day) (Year)

CAUSE OF DEATH Chronic Myocarditis

(Signed) H. M. Manning M. D. or Coroner

apl 25 1925 (Address,) Seaford Del

PLACE OF BURIAL OR REMOVAL

Seaford

DATE OF BURIAL

apl. 26, 1925

UNDERTAKER

M. L. Watson Seaford Del

ADDRESS

Filed apl. 25, 1925 REGISTRAR

W. F. Haines

(SEAL)

I hereby certify that the above is a true copy

STATE BOARD OF HEALTH OF DELAWARE

BUREAU OF VITAL STATISTICS



April 5, 1926

Local Registrar
(STATE OR LOCAL)
Seaford, Delaware

AFFIDAVIT FOR NEIGHBORS' AND GENERAL PURPOSE.

STATE OF Delaware COUNTY OF Sussex SS

In the matter of Invald Pension of James P. Bowden
No 578-358 Private Corp K 6th Reg Art^l Vol

ON THIS 27th day of August A. D., 1886, personally appeared before me

Ag. Notary Public in and for the aforesaid county, duly authorized to administer oaths
Shelley H. Shockley aged 46 years, a resident of Near Mission Sussex County
aged _____ years, a resident of _____

well known to me to be reputable and entitled to credit, and who being duly sworn, declare in relation to aforesaid case, as follows:

Say that that he was a near neighbor and
acquainted with the claimant James P. Bowden
for fifteen years before he enlisted in the Army
of the War of the Rebellion, and that up to that
time of said enlistment he was a sound healthy
man, and that since his discharge from the
Army in August 1863 he has had been troubled
with Discharge and disease of the Head, has
known him to be for two weeks at a time to
have his head bandaged up and not able
to do any work at all, I do not believe he is
able at this time to do manual labor at all,
or more than one fourth of his time,
I know these facts from being a near neighbor
since the war and from personal knowledge

My Post Office address is Near Mission Sussex County Delaware

I further declare that _____ no interest in said case, and _____ not concerned in its prosecution.

Shelley H. Shockley
(Affiant's Signature.)

Frank Jones
John W. Hickman
(If Affiants sign by mark, two persons who can write sign here.)

IMPORTANT.—If testimony is given as to physical condition of claimant, it should be stated how long you have known him. If before his enlistment was he sound and free from his present disability; and what his physical condition was when you first saw him after his discharge; what he complains of, and about to what extent (½, ¼, ⅓, ⅔, or how much it has disabled him yearly during your knowledge of his case; also state how you know the fact to which you testify.

Shelley says he don't know him.

STATE OF Delaware COUNTY OF Essex SS

Sworn to and subscribed before me this day by the above named affiant; and I certify that I read said affidavit to said affiant and acquainted him with its contents before he executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me, and that he is credible person.

Amos B. Morris
(Official Signature.)

Notary Public
(Official Character.)

L. S.

I Amos B. Morris Clerk of the County Court, in and for aforesaid County and State, do certify that Amos B. Morris Esq., who hath signed his name to the foregoing affidavit, was at the time of so doing in and for said County and State, duly commissioned and sworn; that all official acts are entitled to full faith and credit, and that his signature thereon is genuine.

Witness my hand and seal of office, this 22 day of September 1888.

[L. S.]

Clerk of the County Court

NOTE.—This should be sworn to before a Clerk of Court, Notary Public, or Justice of the Peace. If before a Justice or Notary, then Clerk of County Court must add his certificate of character on the back before, and not on a separate slip of paper.

Is Claim of

James P. Borden

7'6" - 6" Del. Supr.

Orig. Pension

For

No.

31783518

FILED BY

J. W. FLENNER & Co.,

Attorneys.

WASHINGTON, D.C.

Widow Division
W.O.1243187
James P.Bowden
K.6th Del Inf

Seaford Delaware
April 26th 1926

State of Delaware
County of Sussex SS

On this 26th day of April A.D.1926, personally appeared before me
James K. Phillips a notary public for the State and County aforesaid
Joseph F. Burton age 59 years who being sworn in due form of law did
depose and Say that he ~~knows~~ knows of his own Knowledge that Mary M.
Bowden has a boy (Oliver Bowden) and that he was Born in the year 1912
and is Still living with his Widowed Mother, at the same time appeared
George W. Bowden ^{age 44 years} who being sworn also Says by his own knowledge that
Oliver Bowden Still lives with his widowed Mother Mary M. Bowden
and was borned in the Year 1912,

Joseph F. Burton
George W. Bowden

Sworn to and subscribed before me this 26th day of April A.D.1926

James K. Phillips
notary public

Iss May 6

3-438

Cert. 464.202

Act ~~July 14, 1862~~
ACT OF MAY 1, 1920

ACCRUED PENSION

Class Survivor

Pensioner James P. Bowden

Date of death April 24, 1915 Certificate not filed.

Claimant Mary M. Bowden, widow
R.R. #1, Box 126
Seaford
Delaware

Attorney no

Address ✓

The fee of \$_____ allowed on issue of
_____ to _____
of _____ to be paid when
payment is made on accrued.

Submitted Ad April 29, 1916, James Sadler, Examiner.

Approved for admission

J. M. Riffel, Reviewer, May 1, 1926
_____, Rereviewer, _____, 19____

Claimant _____ writes.

no

M. C.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. EXACT STATEMENTS MUST BE GIVEN. SEE EXTRACT OF LAW ON BACK OF CERTIFICATE.

1 PLACE OF BIRTH

County of Seaford
Hundred of Seaford
or
Village of
or
City of

STATE OF DELAWARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registered No.

Street, Ward)

2 FULL NAME OF CHILD

Oliver Bowden

If child is not yet named, make supplemental report, as directed

3 SEX OF CHILD

Male

4 Twin, Triplet, or other?

5 Legitimate

yes

6 Color or Race

white

7 DATE OF BIRTH

Aug 11 1912 A. M.
(Month) (Day) (Year) 3 P. M.

8 FULL NAME

FATHER

Jas. P. Bowden

14 FULL MAIDEN NAME

MOTHER

Mary M. Mitchell

9 RESIDENCE

Delaware

15 RESIDENCE

Del.

10 COLOR OR RACE

white

11 AGE AT LAST BIRTHDAY

68
(Years)

16 COLOR OR RACE

white

17 AGE AT LAST BIRTHDAY

38
(Years)

12 BIRTHPLACE (State or Country)

Del

18 BIRTHPLACE (State or Country)

Del

13 OCCUPATION

Farmer

19 OCCUPATION

House wife

20 No. OF CHILD BY THIS MOTHER

3rd

No. OF CHILDREN BY THIS MOTHER NOW LIVING

3rd

21 PROPHYLACTIC USED IN EYES

22 Certificate of Attending Physician or Midwife *

I hereby certify that I attended the birth of above child, and that it occurred on Aug 11 1912, at 3 A. M.
P. M.

24 { * When there was no attending physician or midwife, then the father, householder, etc., MUST make this return. See Law on back.

(Signature) Leah J. Jackson

Attending physician, midwife, father, etc.*

Address Seaford

City, Town

County Seaford

State Del

25 Given or christian name added from a supplemental report.....19.....

Dated Aug 12 1912

23 Filed 10

LOCAL REGISTRAR

LOCAL REGISTRAR

Signed by above apl.



STANDARD CERTIFICATE OF BIRTH

Laws of Delaware in Effect July 1, 1913.

Section 5. That all births that occur in the State shall be immediately registered in the registration district in which they occur, as provided by this act.

Section 6. That it shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this act, with the Local Registrar of the district in which the birth occurred, within ten days after the date of birth. And if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, householder or owner of the premises, manager or superintendent of public or private institutions in which the birth occurred to notify the Local Registrar, within ten days after the birth, of the fact of such birth having occurred. It shall then in such case, be the duty of the Local Registrar to secure the necessary information and signature to make a proper certificate of birth provided, that in cities the certificates of birth shall be filed at a less interval than ten days after birth, if so required by municipal ordinance (or regulations) now in force or that may hereafter be enacted.

That stillborn children or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the Local Registrar, in the usual form and manner, the certificate of birth to contain, in place of the name of the child, the word "Stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "Stillborn." With the cause of the stillbirth, if known, whether a premature birth, and, if born prematurely, the period of uterine gestation, in months, if known; and a burial or removal permit in the usual form shall be required. Midwives shall not sign certificates of death for stillborn children; but such cases, and stillbirths occurring without attendance of either physician or midwife shall be treated as deaths without medical attendance.

That each physician shall be entitled to be paid the sum of ten cents for each birth certificate of a child born after this act goes into effect, properly and completely made out and registered with the Local Registrar of the district in which the birth occurred.

The Local Registrar shall certify to the State Registrar the amount thus due each physician on the first day of each year.

The State Registrar shall then draw by warrant, from the County Treasurer of each county, the amount due the physician for said certificates in each county, provided said amount shall tally with the Birth Certificates registered in the Bureau of Vital Statistics, and shall immediately on receiving said moneys from said County Treasurer pay said physicians as provided in this section.

Any physician or person present at the birth of any child, or (if not present at the time of the birth of the child) who attends the case of any mother during her lying in period, shall within twenty-four hours report said birth to the State Registrar of Vital Statistics on a form supplied by the State Registrar. This form shall contain the following information:

(1) Name of Father and Mother.

(2) Date of Birth of the child, and such other information as the State Board of Health may require.

This report shall in no way supplant or relieve any responsibility for filing a certificate of the birth as provided for in this section. Any person failing to make the reports as provided in this section shall be liable to the penalties provided in Section 14 of this act.

Section 7. That the certificates of birth shall contain the following items: See certificate.

Section 15. If any physician or midwife shall neglect or refuse to comply with the duties imposed on such person or persons, by any part or parts of this act, he shall be fined not less than Five or more than Twenty-five Dollars for each and every case so neglected or refused; to be recovered before any Justice of the Peace. No penalties under this section to interfere with the specific penalties laid down in this act.

LAWS OF DELAWARE 1917.

Chapter 51, Section 3.

It shall be the duty of physicians, midwives, or other persons in attendance upon cases of childbirth to use some prophylactic against inflammation of the eyes of the new-born and to make record of the prophylactic used, and to endorse the details thereof on every Birth Certificate.

JAMES K. PHILLIPS

JUSTICE-OF-THE-PEACE
NOTARY PUBLIC

LICENSED CONVEYANCER

SEAFORD, DEL. April 9th 1926

State of Delaware

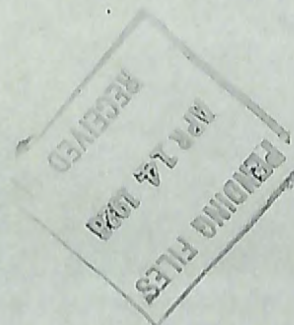
County of Sussex ^{SS}

On this 9th day of April A.D. 1926 personally appeared before me
James K. Phillips a notary public for the State and County aforesaid
Benjamin B. Bowden age 58 years and George W. Bowden age 44 years who
being sworn in due form of law did depose and say that they know of
their own knowledge that James P. Bowden and Mary M. Bowden did live
together as man and wife from their Marriage in the year 1891 until
the death of the said James P. Bowden and were never divorced,

Benjamin B. Bowden
George W. Bowden

Sworn to and subscribed before me this 9th day of April A.D. 1926

James K. Phillips
notary public



JAMES K. PHILLIPS

JUSTICE-OF-THE-PEACE
NOTARY PUBLIC

LICENSED CONVEYANCER

SEAFORD, DEL. April 8th 1926

State of Delaware
County of Sussex ^{SS}

On this 9th day of April A.D. 1926, personally appeared before me James K. Phillips a notary public for the State and County aforesaid, Benjamin B. Bowden age ³⁸ yrs who being sworn in due form of law did depose and say that he is the son of James P. Bowden by his First wife Levey Bowden and that she the said Levey Bowden ^{died} when he was a small boy and that his Father James P. Bowden did marry again, and at the same time appeared George W. Bowden who being sworn did depose and say that he is the son of James P. Bowden by his Second Wife Sarah E. Bowden and that she the said Sarah E. Bowden died when he was a small boy and that his Father James P. Bowden did on the 29th day of September 1901 Marry Mary H. Mitchell and they both say that by their personal knowledge that their Father James P. Bowden was never Married other than Stated above,

Benjamin B. Bowden
George W. Bowden

Sworn to and subscribed before me this 9th day of April A.D. 1926

James K. Phillips
notary public



DECLARATION FOR WIDOW'S PENSION

Act of May 1, 1920

State of Delaware, County of Sussex, ss:On this 12 day of March, 1926, before me, the undersigned, personally appeared Mary M. Bowden, who makes the following declaration as an application for pension under the provisions of the act of Congress approved May 1, 1920.That she is 52 years of age, that she was born Sept 14, 1873 at Lower Cross Roads, DelawareThat she is the widow of James P. Bowden, who ENLISTED James P. Bowden, 1861, at James P. Bowden, in 6th Del. Regiment, C. I., under the name of James P. Bowden, (Here state company and regiment, if in the Army; or vessel, if in the Navy) and was honorablyDISCHARGED 186, having served ninety days or more, or was discharged for, or died in service of the United States of a disability incurred in the service in the line of duty, during the CIVIL WAR, and who DIED April 24, 1925, at Cannon, Del.

That he also served in _____ (Here give a complete statement of all other military or naval service, if any, at whatever time rendered)

and that, except as herein stated, said soldier (or sailor) was not employed in the military or naval service of the United States;THAT SHE WAS MARRIED to said soldier (or sailor) Oct 1, 1890 or 1891, under the name of Mary M. Mitchell, at Gunbow, Delaware by M. E. Proctor; that she had not been previously married, that he had not been previously married;Mrs. Bowden's first husband, 1. Sashan Littleton died near Hissles, Del. 7-2-1871. (If there was a prior marriage of either the name and the date and place of death or divorce of the former consort, or consorts, should be stated)
2. 1881-60 yrs. ago. 2. E. E. Means died Sept 1, 1885. 3. Means
Lower Cross Roads.

That neither she nor said soldier was ever married otherwise than as stated above.

That she was NOT divorced from the soldier (or sailor) and that she has NOT remarried since his death;

That the following are the ONLY children of THE SOLDIER (or sailor) who are now living and are under sixteen years of age: (If he left no children under sixteen years of age, the claimant should so state)

Bliver Bowden, born Aug 11, 1913, at Cannon, Del.
born _____, 1_____, at _____
born _____, 1_____, at _____
born _____, 1_____, at _____
born _____, 1_____, at _____
born _____, 1_____, at _____That she not serve in the Army, Navy, Marine Corps, or Coast Guard of the United States between April 6, 1917, and July 2, 1921, or at any time during said period. (Did or did not)That no member of her family served in the Army, Navy, Marine Corps, or Coast Guard of the United States between April 6, 1917, and July 2, 1921, or at any time during said period. ("a" or "no") (If any members of claimant's family were in the military or naval service during the

period mentioned, state the full name under which each such member served, with the designation of the organization in (or vessel on) which such service was rendered, together with the dates of enlistment and discharge. State also whether any such members are dead, and if so, give the names)

That she has not heretofore applied for pension, the number of her former claim being _____; that said soldier (or sailor) was a pensioner, the number of his pension certificate being papers as lost.

Two attesting witnesses

(1) C. C. Converse
(Signature of first witness)
Cannon, Del.
(Address of first witness)
(2) R. L. Converse
(Signature of second witness)
Cannon, Del.
(Address of second witness)Mary M. Bowden
(Claimant's signature in full)
Seaford R. F. D. Rt 1. Box 126
(Claimant's address in full)
DelawareSubscribed and sworn to before me this 12th day of March, 1926, and I hereby certify that the contents of the above declaration were fully made known and explained to the applicant before swearing, including the words _____ erased, and the words _____ added; and that I have no interest, direct or indirect, in the prosecution of this claim.James H. Shubbs
(Signature)
Seaford, Del.
(Official character)
Seaford Del
(Post office address of officer)

[L. S.]

Validity accepted
as to execution
per Chief, Record Division.

Act of May 1, 1920

DECLARATION FOR WIDOW'S PENSION

Number I.C. 464202

Claimant Mary M. Bowden

Soldier Bowden, James P.

Service K 6 Del. Inf.

GOVERNMENT PRINTING OFFICE

ACT OF MAY 1, 1920

Under the provisions of the Act of May 1, 1920, the widow of any person who served in the Army, Navy, or Marine Corps during the Civil War for ninety days or more, and was honorably discharged, or regardless of the length of service was discharged for or died in service of a disability incurred in the service in line of duty, may be entitled to pension, without regard to her financial condition, provided she was married to him prior to June 27, 1905. The rate of pension is \$30 per month, and \$6 additional for each of his children under the age of 16 years. Pension commences from the date of filing a valid declaration in the bureau.

"That no claim agent or attorney or other person shall be recognized in the adjustment of claims under this Act, except in claims for original pension, and in such cases no more than the sum of \$10 shall be allowed for services in preparing, presenting, or prosecuting any such claim, which sum shall be payable only on the order of the Commissioner of Pensions; and any person who shall violate any of the provisions of this section, or shall wrongfully withhold from the pensioner or claimant the whole or any part of a pension allowed or due to such pensioner or claimant under this Act, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall, for each and every offense, be fined not exceeding \$500 or be imprisoned not exceeding one year, or both, in the discretion of the court."

INSTRUCTIONS—READ CAREFULLY

Declaration and testimony must be executed before some officer authorized to administer oaths for general purposes. If such officer is not required by law to have and use a seal, his official character, signature, and term of office must be certified by the proper State, county, or city officer under his official seal, unless such certificate has been filed in the Bureau of Pensions for general reference.

Under the law, a person may not receive pension from the Bureau of Pensions and compensation or vocational training pay through the United States Veterans' Bureau, covering the same period of time, except that the receipt of compensation by a widow or parent on account of the death of any person will not bar the payment of pension on account of the death of any other person.

That part of the declaration referring to service between April 6, 1917, and July 2, 1921, should show whether the claimant or any member of her family rendered any service in the Army, Navy, Marine Corps, or Coast Guard of the United States during said period, and if so, the full name under which each served should be stated, together with the designation of the organization in (or the vessel on) which such service was rendered with dates of enlistment and discharge.

The term "family" includes: Child, legally adopted child, stepchild, father, mother, stepfather, stepmother, father and mother through adoption, and person who has stood in place of parent for a period of not less than one year prior to induction into service.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS
WASHINGTON

Widow Division
W.O.1243187
James P. Bowden
K 6 Del. Inf.

April 2, 1926.

State of Delaware

RETURN OF A MARRIAGE

In the Town of Georgetown Sussex County.Full Name of Groom James P. Bowden
Age 22 Color WhiteNation or State DelawareResidence GumboroOccupation FarmerFull Name of Bride Mary M. Mitchell
Age 17 Color WhiteNation and State DelawareResidence Gumboro

Name and birthplace of Bride's parents

Minister Jack H. WebsterDate of Marriage Sept. 29 1891Number of Previous Marriages of Groom 1Of Bride 1STATE OF DELAWARE, } ss.
SUSSEX COUNTY, }I, Horace G. Linnam

Recorder of Deeds in and for Sussex
County, State of Delaware, do hereby
certify that the above and foregoing
is a true and correct copy of the
record of the marriage of

James P. Bowden
and Mary M. Mitchell

as now on record in the office of the Recorder of Deeds in and for
Sussex County and State of Delaware.

Witness my hand and official seal this 9 day
of April A. D., 1926

Horace G. Linnam Recorder.

Earp,
are,

nec-

IN REPLY

Widow
W.O.1
James
K 6 D

26.

In response to communication of Marjorie Earp, Secretary, Red Cross Home Service, Wilmington, Delaware, with which she filed application in your above cited claim for pension, I have to advise you that it now requires the evidence indicated in the accompanying circular letter.

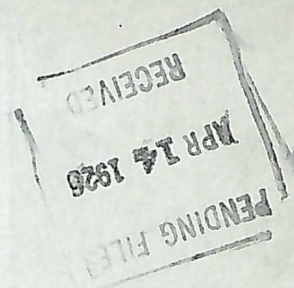
Your claim for the accrued pension due at date of the soldier's death will be considered in connection with your claim for widow pension under act of May 1, 1920.

Respectfully,

Winfield Scott

Winfield Scott
Commissioner.

MWC



RETURN TO
U.S. PENSION AGENCY
WASHINGTON, D. C.

3-402.

Certificate No. 464202

Department of the Interior,
Name, Jas. P. Bowden
BUREAU OF PENSIONS,

Washington, D. C., January 15, 1898.

SIR:

In forwarding to the pension agent the executed voucher for your next quarterly payment please favor me by returning this circular to him with replies to the questions enumerated below.

Very respectfully,

McKay Brand

Commissioner.

First. Are you married? If so, please state your wife's full name and her maiden name.

Answer. Yes Louisa J. Bowden maiden name Louisa Littleton

Second. When, where, and by whom were you married? Millsboro Del

Answer. Rev Ellis Feb 2 1868

Third. What record of marriage exists? at Long Town

Answer.

Fourth. Were you previously married? If so, please state the name of your former wife and the date and place of her death or divorce. Yes Sarah E Mend

Answer. Aug 18 1845 Fox Hudson Near Millsboro Del

Fifth. Have you any children living? If so, please state their names and the dates of their birth.

Answer. Benjamin B Bowden Dec 4 1848

Mary M Bowden Oct 1 1849 Mary B Turner By

Rev Milton Lowrey & Roads Fox W Bowden 23 April 1852

Louisa B Bowden 9 Feb 1855 Isaac M Bowden 23 1849

Louisa B Bowden April 6 1895

Date of reply, March 15, 1898

(Signature) J. Charles J. Smith
James P. Bowden
or wife

5301b750m1-98

